EXTERNAL REVIEW INTO
MATTERS RELATING TO THE OPERATION OF
NORTHWEST CHILD AND FAMILY SERVICES IN WINNIPEG

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TABLE OF CONTENTS

1. INTRODUCTION 1

2. RECOMMENDATIONS 3

3. BACKGROUND 19

4. REVIEW PROCESS 21

5. THE TEST 24

6. CASEWORK 36

7. INTAKE 38

8. HIGH RISK CASES 49

9. APPREHENSION OF CHILDREN 54

10. THREATS TO SAFETY 59

11. GENERIC PRACTICE 61

12. CASE PLANNING 64

13. FILE RECORDING 78

14. CASE TRANSFERS 80

15. CASE CLOSING 83

16. NIGHT DUTY 90

17. RESOURCE UNIT 93

18. COLLATERALS 95

19. BURNOUT 102

20. TRAINING 109

21. MANAGERIAL SYSTEM 114

APPENDICES

A. QUESTIONNAIRE, INTAKE PROCEDURES 136

B. QUESTIONNAIRE, INTERVIEW PROTOCOL, SUPERVISOR 144

C. DATA COLLECTION SHEET 152

D. QUESTIONNAIRE, BOARD MEMBERS 153

E. SCORE RATING FORMS 156

F. NWCFS MEMO - NOVEMBER 28, 1985 161

G. NWCFS PROCEDURES 164

H. CHILDREN'S HOME OF WINNIPEG, EMERGENCY RECEPTION SERVICES 172

I. CHILD ABUSE RISK INDEX 177

J. GUIDELINES FOR CO-ORDINATION OF SERVICES FOR YOUNG OFFENDERS 182

K. MINUTES, FEBRUARY 25, 1987 CENTRAL/NORTHWEST JOINT MANAGEMENT 188

APPENDICES

L. LIST OF COLLATERALS 189

M. MACHLACH BURNOUT INVENTORY 190

N. LIST OF TABLES 191

O. THE CHILD ABUSE REVIEW TREATMENT RESOURCE LIST 192

P. THE JUNIOR LEAGUE'S CHILD ABUSE FORUM ON TREATMENT ...193

INTRODUCTION

This report was commissioned by the Minister of Community Services as a means to ascertain whether work was being carried out in a competent manner at Northwest Child and Family Services (NWCFS). The particular focus of the review was to be the creation of an assessment of child protection work done within the Agency. We have understood this question to mean that we should concern ourselves with the substance of the issues and in consequence we have viewed all functions within the organization as being devoted to the ultimate purpose of providing high quality services to the Agency's clients.

When an organization is the topic of an intense investigation of this type it is inevitable that problems will appear. We are all subject to more flaws than we care to acknowledge and the process is particularly unpleasant when it is carried out in public. In the interests of objectivity we have not been concerned during the conduct of this review with the effects of our work on individuals, however we would like to recognize the cooperation given to this review by the staff and board of NWCFS. While many people were intensely hurt by the initiation of this inquiry and were also extremely angry, they have conducted themselves with dignity and the Agency will be much the better as a result.

As our terms of reference directed us to examine the work of a particular organization we have not looked at the larger issues of child welfare in Manitoba. However, it is important to recognize the context in which the Agency functions. This system is still completing the transition from the previous administrative format to a community-based pattern. As it is obvious from even the most brief consideration one cannot expect these organizations to operate at an optimal level until they have become thoroughly established in their communities. It is premature at this point to form any fixed opinions concerning the viability of the community-based, regionalized structure.

A second serious problem is the reality of a shortage of funding for child welfare services. The combination of a sustained period of economic hardship with a vast increase in the demand for services directed to abused children has resulted in the Child and Family Services Agencies continuing to function under conditions of severe budgetary constraints. Ultimately the

Provincial Government will have to decide whether to face the reality of the need for increased funding for child welfare services, or whether their solution will be to reduce the services which are available to children in Manitoba.

A third serious problem is that it is extremely difficult to carry out this delicate and often tragic work when the staff and board members are subject to continual attack in the media. Work with abused and neglected children is highly complicated and intrinsically imprecise. Even in an ideal agency tragedies will inevitably occur and the continual, negative attention of the media exacerbates an already problematic situation. The necessity of informing the public is not particularly well served by focusing predominately on the most sensational aspects of child welfare work. The media have an obligation to the children and families that are served by this system.

The review has discovered serious difficulties in the operation of NWCFS, but there is good reason to be hopeful concerning the future. The problems which we have identified are soluble in a finite amount of time and with the application of sustained and precise effort. This review is submitted in the hope that it will be of some practical assistance in the continued growth and improvement of this Agency.

RECOMMENDATIONS:

Section III - The Test

RECOMMENDATION:

THAT ORIENTATION TRAINING PROGRAMS FOR NEW WORKERS OR IN-SERVICE TRAINING PROGRAMS FOR SUPERVISORS BE DEVELOPED TO REFLECT AREAS OF INADEQUATE KNOWLEDGE AS ESTABLISHED BY THE TEST OF WORKER KNOWLEDGE AND THE QUESTIONNAIRE OF WORKER SKILLS.

Section V - Intake

RECOMMENDATION:

THAT THE AGENCY CLARIFY AND REFOCUS ITS INTAKE POLICY. THE CENTRAL FOCUS OF THE POLICY SHOULD BE THE PROTECTION OF CHILDREN AND SERVICE TO SUPPORT FAMILIES. CASELOAD SIZE SHOULD NOT BE THE CRITERION FOR MAKING DECISIONS ABOUT WHETHER TO ACCEPT A CASE. THE CRITERIA FOR ACCEPTANCE OF CASES MUST REFLECT THE MANDATE OF THE CHILD AND FAMILY SERVICES ACT AND MUST AIM AT CLARITY AND SPECIFICITY. DEVELOPMENT OF CRITERIA SHOULD BE BASED ON BOTH EXPERIENCE WITHIN THE AGENCY AND CHILD WELFARE LITERATURE AND KNOWLEDGE.

AS AGENCY DOCUMENTS MAKE CLEAR, THE DEMANDS FOR SERVICE HAVE FAR EXCEEDED THE EXPECTATIONS OF THE ORIGINAL SERVICE PLANNERS. THIS DEMAND NEEDS TO BE RECOGNIZED BY MANITOBA COMMUNITY SERVICES AS WELL AS BY THE AGENCY. RECOGNITION OF THE DEMAND AND SUBSEQUENT ACCEPTANCE OF CASES IMPLIES COST.

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES, IN CONJUNCTION WITH NWCFS DEVELOP CRITERIA FOR ADEQUATE FUNDING OF MANDATED SERVICES. THIS WILL INVOLVE THE DEVELOPMENT OF CRITERIA FOR ACCEPTANCE OF CASES. SUCH CRITERIA MUST INCLUDE BOTH THE MANDATES TO PROTECT CHILDREN AND TO SUPPORT FAMILIES.

RECOMMENDATION:

THAT SUPERVISORS APPROVE ALL INTAKE DECISIONS. THIS REQUIRES THAT:

> ALL REQUESTS FOR SERVICE SHOULD BE RECORDED. THE FORMAT FOR THIS RECORDING MUST BE CONSISTENT ACROSS THE AGENCY AND MUST MAKE ACCESSIBLE THE KNOWN FACTS OF THE CASE AND THE WORKER'S RECOMMENDED DECISION CRITERIA.

THIS RECOMMENDATION MAY BE CARRIED OUT THROUGH A SYSTEM OF OPENING ALL REQUESTS AS FILES, AS TEAM D CURRENTLY DOES, THROUGH DEVELOPING A BRIEF SERVICE FORMAT, OR THROUGH SOME OTHER SYSTEM WHICH SUPERVISORY PERSONNEL MAY DEVISE.

RECOMMENDATION:

THAT CONSISTENT GUIDELINES FOR THE TIMING OF SUPERVISORY APPROVAL BE DEVELOPED AND BE VISIBLE TO STAFF. THE IMMEDIACY WITH WHICH SUPERVISORS ATTEND TO INTAKE APPROVAL SHOULD BE TIED TO A SYSTEM OF RATING THE SERIOUSNESS OF CASES.

RECOMMENDATION:

THAT INTAKE WORKERS PRIORIZE INTAKE CASES IN CONJUNCTION WITH THEIR SUPERVISORS.

RECOMMENDATION:

THAT SUPERVISORS ENSURE CLERICAL PERSONNEL ARE NOT RESPONSIBLE FOR PERFORMING INTAKE RESPONSIBILITIES.

RECOMMENDATION:

THAT SUPERVISORY STAFF ENSURE CLERICAL STAFF ARE PROVIDED WITH CONSISTENT GUIDELINES, ANY NECESSARY TRAINING AND ON-GOING SUPPORT FOR THE CLIENT CONTACT ROLES THEY DO PERFORM.

RECOMMENDATION:

THAT SUPERVISORY STAFF SHOULD ENSURE THAT BACK-UP STAFF ARE REGULARLY INFORMED OF INTAKE POLICY AND PROCEDURAL REQUIREMENTS.

RECOMMENDATION:

THAT THE AGENCY DEVELOP STANDARDS OR MAXIMUM ACCEPTABLE RESPONSE TIME FOR INTAKE SERVICES. THESE GUIDELINES MUST RELATE TO A SYSTEM OF RATING THE SERIOUSNESS OF SERVICE REQUESTS.

RECOMMENDATION:

THAT THE AGENCY DEVELOP AND ENFORCE AN INVESTIGATION PROCEDURE WHICH INCLUDES CHECKING PAST FILES FOR HISTORY OF PROTECTION ISSUES.

RECOMMENDATION:

THAT THE AGENCY DEVELOP A FORMAT FOR COLLECTING AND EVALUATING INFORMATION RELATING TO INTAKE DECISIONS. BOTH THE DECISIONS AND THE CRITERIA SHOULD BE PART OF THAT INFORMATION BASE.

RECOMMENDATION:

THAT THE AGENCY OFFER INCENTIVES TO ATTRACT MORE EXPERIENCED INTAKE WORKERS.

Section VI - High Risk Cases

RECOMMENDATION:

THAT AGENCY GUIDELINES REGARDING THE IDENTIFICATION OF HIGH RISK CASES BE DEVELOPED, SUCH GUIDELINES SHOULD INCLUDE:

1. AN INSTRUMENT CAPABLE OF ASSISTING WORKERS IN THE IDENTIFICATION OF HIGH RISK CASES AND ASSESSMENT OF DEGREE OF RISK.
2. REGULAR USE OF THE HIGH RISK INSTRUMENT IN THE SUPERVISORY CASE REVIEW PROCESS.
3. A RECORDING FORMAT WHICH MAKES POSSIBLE THE EASY IDENTIFICATION OF CASES ASSESSED AS HIGH RISK.

RECOMMENDATION:

THAT AGENCY GUIDELINES FOR THE MONITORING OF HIGH RISK CASES, BASED ON DEGREE OF SEVERITY AND RELIABILITY OF OUTSIDE MONITORS, BE DEVELOPED.

RECOMMENDATION:

THAT HIGH RISK CASES SHOULD BE REVIEWED AT THE AGENCY LEVEL PERIODICALLY. THIS MAY BE DONE BY THE ABUSE COMMITTEE WHERE APPROPRIATE OR BY AN AGENCY-CREATED HIGH RISK COMMITTEE.

RECOMMENDATION:

THAT CASELOADS CARRIED BY TEAMS A AND B SHOULD BE SPECIFICALLY ASSESSED FOR DEGREE OF SEVERITY OF CASES AND WORKER RESPONSE.

Section VII - Apprehension

RECOMMENDATION:

THAT AGENCY GUIDELINES CONCERNING THE APPREHENSION OF CHILDREN BE DEVELOPED INCLUDING:

- CRITERIA FOR DISTINGUISHING EMERGENCY APPREHENSIONS FROM OTHERS;
- DIRECTIVES FOR APPREHENDING IN EMERGENCY SITUATIONS; AND
- A DIRECTIVE THAT SUPERVISORY APPROVAL BE OBTAINED IN NON-EMERGENCY SITUATIONS.

RECOMMENDATION:

THAT SUPERVISORS INCLUDE DISCUSSION OF PLANNED APPREHENSIONS AS A PART OF REGULAR CASE REVIEWS TO ENSURE THAT REASONS FOR APPREHENSIONS ARE CLOSELY TIED TO THE LEGISLATED MANDATE.

RECOMMENDATION:

THAT THE AGENCY DEVELOP A FORMAT ALLOWING FOR REGULAR STATISTICAL REVIEW OF ALL APPREHENSIONS, WITH PARTICULAR ATTENTION TO THOSE OF FEWER THAN FOUR DAYS THE FORMAT SHOULD ALLOW FOR ANALYSIS OF:

- INCIDENCE (INCLUDING RE-APPREHENSIONS);
- AGES OF CHILDREN APPREHENDED; AND
- OUTCOMES.

Section VIII - Threat

RECOMMENDATION:

THAT AGENCY ORIENTATION AND TRAINING PROGRAMS INCLUDE DISCUSSION OF SAFETY ISSUES. SPECIAL ATTENTION SHOULD BE PAID TO PROBLEMS ASSOCIATED WITH SUBSTANCE ABUSE.

RECOMMENDATION:

THAT WORKERS WHEN ASSAULTED ON THE JOB SHOULD BE ENCOURAGED TO LAY APPROPRIATE CHARGES IN CASES OF PHYSICAL ASSAULT.

RECOMMENDATION:

THAT IMMEDIATE STEPS SHOULD BE TAKEN TO ADDRESS SECURITY COMPLAINTS IN TEAM OFFICES, ESPECIALLY IN TEAM E.

Section IX - Generic Practice

RECOMMENDATION:

THAT AN EVALUATION OF THE DESIGNATED WORKER APPROACH TO ABUSE SHOULD BE CONDUCTED WITHIN A REASONABLE LENGTH OF TIME TO ASSESS THE EFFECTIVENESS OF THIS APPROACH. THE EVALUATION SHOULD INCLUDE:

- SKILL DEVELOPMENT OF DESIGNATED WORKERS;
- EXTENT TO WHICH KNOWLEDGE ABOUT ABUSE IS CONVEYED TO OTHER TEAM MEMBERS;
- DEVELOPMENT OF EFFECTIVE COLLATERAL RELATIONSHIPS; AND
- WHETHER SERVICE IS EQUITABLY PROVIDED ACROSS THE AGENCY.

RECOMMENDATION:

THAT SUPERVISORS SHOULD ENSURE THAT WORKERS HAVE SUFFICIENT SKILL AND KNOWLEDGE TO HANDLE THE CASES ASSIGNED TO THEM. THIS SHOULD BE A PRIORITY ABOVE THAT OF GENERIC CASE ASSIGNMENT.

Section X - Case Planning

RECOMMENDATION:

THAT THE AGENCY ENSURE THAT ALL SUPERVISORS ARE FAMILIAR WITH THE PLANNING PROCESS AND ITS ROLE IN CASEWORK.

RECOMMENDATION:

THAT ALL SUPERVISORS ENSURE THE DEVELOPMENT OR EXISTENCE OF A READILY IDENTIFIABLE CASE PLAN IN ALL FILES.

RECOMMENDATION:

THAT SUPERVISORS REVIEW CURRENT VPA USAGE TO DETERMINE APPROPRIATENESS GIVEN THE REQUIREMENTS OF THE ACT AND CIRCUMSTANCES OF THE CASES.

RECOMMENDATION:

THAT SUPERVISORS REVIEW SECTION 14(1) OF THE ACT WITH THEIR WORKERS TO ENSURE THEY ARE FAMILIAR WITH THE CRITERIA FOR A VPA.

RECOMMENDATION:

THAT SUPERVISORS ENSURE THE PROBLEMS IDENTIFIED ARE ACCURATE, ASSESSMENT IS THOROUGH AND PLANNING IS REALISTIC TO THE CIRCUMSTANCES OF THE CASE BEFORE INDICATING APPROVAL.

RECOMMENDATION:

THAT THE MINISTERS OF COMMUNITY SERVICES AND EMPLOYMENT SERVICES AND ECONOMIC SECURITY TAKE STEPS TO ADDRESS THE FINANCIAL NEEDS OF SIXTEEN AND SEVENTEEN YEAR OLDS. A NUMBER OF THESE CHILDREN ARE COMING INTO CARE BECAUSE OF POVERTY; NOT BECAUSE OF CHILD PROTECTION CONCERNS.

RECOMMENDATION:

THAT NWCFS IMMEDIATELY INSTITUTE A SYSTEM TO MONITOR ALL APPREHENSIONS OF CHILDREN WITHIN ITS CATCHMENT AREA TO ENSURE THAT CHILDREN ARE ADEQUATELY PLANNED FOR AND PROTECTED.

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES UNDERTAKE A STUDY OF APPREHENSION TRENDS TO DETERMINE WHETHER SPECIALIZED RESOURCES ARE REQUIRED TO MEET THE NEEDS OF CHILDREN UNDER "BRIEF APPREHENSION".

Section XI - File Recording

RECOMMENDATION:

THAT CONTACT RECORDING BE CONFINED TO THE WORKER'S BLACK BOOK.

RECOMMENDATION:

THAT THE BLACK BOOK RECORDINGS BE CONSIDERED PART OF THE FILE, AND HENCE, AGENCY PROPERTY.

RECOMMENDATION:

THAT CONTACT RECORDING BE DONE WITHIN 24 HOURS OF A CLIENT INTERVIEW.

RECOMMENDATION:

THAT SUPERVISORS ROUTINELY REVIEW BLACK BOOK RECORDINGS AS PART OF THE SUPERVISION PROCESS.

RECOMMENDATION:

THAT TYPED DICTATION REFLECT A BRIEF SUMMARY OF CONTACTS; EVALUATION OF THE CURRENT CASE PLAN, INCLUDING INDICATION OF COLLATERALS INVOLVED; AND CHANGES TO CASE PLAN BASED ON THE WORKER'S EVALUATION.

RECOMMENDATION:

THAT THE ABOVE DICTATION BE COMPLETED QUARTERLY FOR ALL CASES AND SUBMITTED FOR TYPING.

RECOMMENDATION:

THAT THE AGENCY ESTABLISH A "BRING FORWARD" (B.F.) SYSTEM TO REMIND WORKERS OF THEIR QUARTERLY DICTATION RESPONSIBILITIES AND MONITOR COMPLETION.

Section XII - Case Transfer

RECOMMENDATION:

THAT NORTHWEST CHILD AND FAMILY SERVICE AGENCY CLARIFY AND FURTHER

DEVELOP ITS CASE TRANSFER POLICIES AND PROCEDURES. THIS WILL INCLUDE DEVELOPING CRITERIA TO DETERMINE RESIDENCY AS WELL AS "STABILITY".

RECOMMENDATION:

THAT NWCFS DEVELOP FOLLOW-UP PROCEDURES TO ENSURE ONGOING SERVICES TO CLIENTS WHO HAVE BEEN TRANSFERRED. THE REVIEW INDICATES A NEED FOR NORTHWEST TO ASSUME A MORE PROACTIVE APPROACH TO CLIENT CONTACT, PARTICULARLY WITH HIGH RISK CLIENTS.

Section XIII - Case Closings

RECOMMENDATION:

THAT THE AGENCY DEVELOP A POLICY REGARDING CASE CLOSING, RELATED TO BUT SEPARATE FROM THE INTAKE POLICY. SUCH A POLICY SHOULD INCLUDE CLEAR GUIDELINES OUTLINING CIRCUMSTANCES UNDER WHICH CASES WILL BE CLOSED; THESE GUIDELINES SHOULD BE BASED ON THE LEGISLATED CHILD WELFARE MANDATE.

RECOMMENDATION:

THAT THE AGENCY DEVELOP SYSTEMATIC CRITERIA FOR CLASSIFICATION OF CASES. AT A MINIMUM, THE CLASSIFICATION SCHEME SHOULD CONTAIN CRITERIA FOR DIFFERENTIATING VOLUNTARY FROM INVOLUNTARY CLIENTS PERIODICALLY AS CIRCUMSTANCES CHANGE.

RECOMMENDATION:

THAT CASES CLASSIFIED AS INVOLUNTARY SHOULD NOT BE CLOSED UNLESS THE FOLLOWING CRITERIA HAVE BEEN MET:

- THE CLIENT HAS BEEN NOTIFIED THE CASE IS TO BE CLOSED; IF POSSIBLE A TERMINATION INTERVIEW HAS BEEN HELD;
- THE WORKER CAN DEMONSTRATE THAT SERVICE GOALS HAVE BEEN MET AND THE WORKER CAN VERIFY THAT NO CHILD PROTECTION CONCERNS ARE EVIDENT;

- IF THE CASE HAS INVOLVED ABUSE, AGREEMENT TO CLOSING HAS BEEN OBTAINED FROM THE ABUSE COMMITTEE; AND

- A CASE CONFERENCE HAS BEEN HELD WITH PRIMARY COLLATERALS; FOLLOW-UP PLANS AND REFERRALS HAVE BEEN VERIFIED WITH COLLATERALS.

RECOMMENDATION:

THAT SERVICE NOT BE WITHDRAWN PRIOR TO DISCUSSION WITH, AND APPROVAL OF, THE SUPERVISOR. INVOLUNTARY CASES SHOULD NOT BE CLOSED UNTIL THE SUPERVISOR HAS WRITTEN DOCUMENTATION SHOWING THAT THE ABOVE CRITERIA HAVE BEEN SATISFIED.

Section XIV - Night Duty

RECOMMENDATION:

THAT NWCFS IN CONSULTATION WITH CENTRAL AND SOUTH CHILD AND FAMILY SERVICES APPOINT A SUPERVISOR FOR NIGHT DUTY. THE DUTIES FOR THE SUPERVISOR SHOULD BE SIMILAR TO DAY SUPERVISORS BUT SHOULD INCLUDE LIAISON AND FOLLOW-UP WITH DAY WORKERS.

RECOMMENDATION:

THAT NWCFS ENSURE NIGHT DUTY WORKERS HAVE ACCESS TO FILE INFORMATION. IN LIEU OF AN UP-TO-DATE COMPUTER SYSTEM, NWCFS WILL NEED TO MAKE ARRANGEMENTS WITH CENTRAL AND SOUTH CHILD AND FAMILY SERVICES TO PROVIDE ACCESS. AT PRESENT THERE IS AN EXCESSIVE RELIANCE ON THE MEMORIES OF SEASONED STAFF.

RECOMMENDATION:

THAT NWCFS PROVIDE NIGHT DUTY WORKERS WITH ORIENTATION AND TRAINING EIGHT OF THE WORKERS DID NOT RECEIVE AN ORIENTATION. ONE PARA-PROFESSIONAL IS CURRENTLY BEING ORIENTED BY BEING MATCHED WITH

ANOTHER STAFF MEMBER.

RECOMMENDATION:

THAT NWCFS INCLUDE SHIFTS ON NIGHT DUTY AS PART OF THE ORIENTATION OF ALL NEW STAFF.

Section XVI - Collaterals

RECOMMENDATION:

THAT THE BOARD REVIEW ITS RELATIONSHIPS WITH COLLATERAL AGENCIES WITH THE GOAL OF GREATER FORMALITY AND EXPLICITNESS. THIS WOULD FACILITATE INCREASED ACCOUNTABILITY IN MULTI-DISCIPLINARY EFFORTS.

RECOMMENDATION:

THAT THE AGENCY PARTICIPATE IN THE ESTABLISHMENT OF A RESOURCE INVENTORY FOR TREATMENT (THERAPY) FOR THEIR CLIENTS.

RECOMMENDATION:

THAT SUPERVISORS REVIEW THE REQUIREMENTS OF DIRECTIVE #18 WITH THEIR STAFF.

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES ENSURE THE REPORTS OF THE MEDICAL EXAMINER ON CASES INVOLVING THE AGENCY BE SHARED PROMPTLY.

RECOMMENDATION:

THAT A STANDARDIZED COMMUNITY ASSESSMENT OF THE SIX REGIONS IN WINNIPEG BE COMPLETED. RESOURCES WOULD BE PROVIDED TO THE REGIONS IN A FAIR AND EQUITABLE MANNER BASED ON THE STANDARDIZED COMMUNITY ASSESSMENT.

Section XVII - Burnout

RECOMMENDATION:

THAT THE BOARD OF NWCFS DEVELOP AN OVERTIME POLICY WHICH IS CONSISTENT, EQUITABLE AND CAPABLE OF IDENTIFYING WORKLOAD EXCESSES. WORKERS SHOULD NOT, NORMALLY, DO ANY SIGNIFICANT AMOUNT OF OVERTIME.

Section XVIII - Training

RECOMMENDATION:

NWCFS BOARD DIRECT THE AGENCY TO FOCUS ON THE IMPORTANCE OF SUPERVISORS IN PROVIDING REGULAR TRAINING TO ALL STAFF IN THE RANGE OF KNOWLEDGE AND SKILLS EXPECTED OF CHILD PROTECTION WORKERS. IN THIS REGARD NWCFS SHOULD DEVELOP A COMPREHENSIVE TRAINING PROGRAM FOR ALL SUPERVISORS. THIS PROGRAM SHOULD INCLUDE BOARD POLICIES AND LEGISLATIVE REQUIREMENTS.

RECOMMENDATION:

THAT THE CHILD AND FAMILY SUPPORT BRANCH DEVELOP A COMPREHENSIVE ORIENTATION FOR NEW CHILD AND FAMILY SERVICES EMPLOYEES. THIS SHOULD BE OFFERED SEMI-ANNUALLY. THIS ORIENTATION PROGRAM SHOULD BEGIN JANUARY, 1988

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES PROVIDE AGENCIES WITH ADDITIONAL RESOURCES TO ENSURE CASE COVERAGE FOR STAFF ATTENDING ITS TRAINING COURSES.

RECOMMENDATION:

THAT THE NWCFS BOARD EVALUATE PROGRESS IN MEETING TRAINING OBJECTIVES ON A SIX MONTH BASIS.

CLEARLY TRAINING IS AN ONGOING NEED OF A MODERN CHILD PROTECTION AGENCY. THE NEEDS VARY WITHIN NWCFS, CONSIDERING THE KINDS OF STAFF; PROTECTION WORKERS; NIGHT DUTY STAFF; SECRETARIES; ACCOUNTING STAFF; SUPERVISORS; MANAGEMENT, ACCOUNTING; FOSTER PARENTS AND BOARD MEMBERS. THERE IS NEED OF ONGOING EVALUATION OF AGENCY PROGRESS IN TRAINING TO MEASURE STATED GOALS IN THIS AREA.

RECOMMENDATION:

THAT ALL NEW SOCIAL WORKERS HIRED BY NWCFS BE PAIRED WITH AN EXPERIENCED WORKER FOR A SIX MONTH PERIOD TO ENSURE DAILY CONSULTATION AND SUPPORT.

RECOMMENDATION:

THAT THE AGENCY CONDUCT A TRAINING NEEDS ASSESSMENT OF ALL STAFF AND OFFER TRAINING OPPORTUNITIES CONSISTENT WITH NEED.

RECOMMENDATION:

THAT SUPERVISORS AT NWCFS, THROUGH SUPERVISION AND EVALUATION, ASSIST ALL STAFF IN THE IDENTIFICATION OF INDIVIDUAL PROFESSIONAL DEVELOPMENT GOALS. ALL TRAINING SHOULD BE RECORDED ON PERSONNEL FILES.

RECOMMENDATION:

THAT THE WORKSHOP FORMAT BE ACTIVELY PROMOTED, ESPECIALLY FOR PHYSICAL ABUSE, AN AREA OF INSUFFICIENT KNOWLEDGE AND COMFORT FOR WORKERS.

RECOMMENDATION:

THAT SUPERVISORS KEEP ABREAST OF CURRENT LITERATURE IN THE CHILD WELFARE FIELD AND USE TEAM MEETINGS AND SUPERVISION TO MAKE

CONNECTIONS BETWEEN ISSUES IN THE LITERATURE AND SPECIFIC CASES.

Section XIX - Managerial

RECOMMENDATIONS:

THAT FOSTER CARE BE GIVEN THE HIGHEST PRIORTIY WITHIN THE AGENCY.

THAT THE DIRECTOR OF THE FOSTER CARE UNIT BE A FULLTIME POSITION.

THAT THE COMMUNITY DEVELOPMENT COORDINATOR AND THE ADOPTIONS CO-ORDINATOR REPORT TO THE DIRECTOR OF FOSTER CARE.

THAT THE FOUR NEW POSITIONS WHICH HAVE BEEN DESIGNATED FOR COMMUNITY WORKERS BE ASSIGNED TO WORK ON SECURING NEW FOSTER HOMES AND PROVIDING SUPPORT SERVICES TO THEM.

THAT THE COORDINATOR OF COMMUNITY DEVELOPMENT BE CHARGED WITH THE CREATION OF FIVE COMMUNITY COUNCILS WITHIN THE NEXT YEAR. WHEN THESE ORGANIZATIONS ARE VIABLE THEY SHOULD EACH ELECT A MEMBER TO BOARD OF DIRECTORS AS PROVIDED IN THE CONSTITUTION OF THE AGENCY.

THAT THE PREVENTION GRANT BE TERMINATED AND ALL OF THE MONEY BE ALLOCATED TO THE NORMAL OPERATIONS OF THE AGENCY.

THAT THE BOARD OF DIRECTORS IMMEDIATELY SECURE THE TRAINING THAT IS NECESSARY FOR THEM TO PERFORM THEIR WORK EFFECTIVELY.

THAT TWO SENIOR POSITIONS BE CREATED FOR UNIT MANAGERS. ONE PERSON TO BE RESPONSIBLE FOR THE AMALGAMATED TEAMS A AND B; AND THE OTHER PERSON TO ASSUME RESPONSIBILITY FOR TEAMS C, D AND E.

THAT EACH OF THE TWO NEW UNITS HAVE TWO SUPERVISORS IN ADDITION TO THE UNIT MANAGERS.

THAT FINANCIAL MANAGEMENT OF CASE-SPECIFIC DECISIONS AND THE OPERATION OF A DATA SYSTEM BE DEVOLVED TO THE TEAM MANAGERS.

THAT EACH SUB-OFFICE CONTAIN NO FEWER THAT TWO CLERICAL STAFF.

THAT NWCFS IMMEDIATELY CREATE A SYSTEM OF DETERMINING WORKLOAD. THIS SHOULD ENCOMPASS TIME AND MOTION DATA AS WELL AS CASE-WEIGHTING PROCEDURES.

THAT NWCFS IMMEDIATELY DEVELOP A DATA SYSTEM WHICH WILL PRODUCE BOTH DESCRIPTIVE AND ANALYTICAL DATA CONCERNING THE CLIENTS SERVED BY THE AGENCY.

THAT NWCFS PURCHASE COMPUTING EQUIPMENT THAT WILL PERMIT THEM TO OPERATE A COMMITTAL ACCOUNTING SYSTEM, A DATA SYSTEM AND WORD PROCESSING FOR ALL OFFICES OF THE AGENCY.

THAT THE CORE OF THE EXECUTIVE DIRECTOR'S JOB BE:

1. The supervision and evaluation of the unit managers, the executive secretary, the director of foster care, adoptions and community development, the abuse coordinator and the resource development coordinator.

2. The supervision and conduct of relations with other organizations, particularly the Provincial Government.

3. The creation and monitoring of the appropriate managerial and personnel systems, including hiring and dismissing staff.

4. The operations of the Board of Directors.

THAT A PERSONNEL SYSTEM BE IMMEDIATELY CREATED WHICH WILL ENSURE THAT STAFF ARE COMPREHENSIVELY EVALUATED NO LESS THAN EVERY SIX MONTHS AND THAT ALL EVALUATION MATERIALS BECOME PART OF THE EMPLOYEE'S PERMANENT FILE.

THAT THE MINISTER OF COMMUNITY SERVICES IMMEDIATELY ALLOCATE FUNDING TO NWCFS FOR THREE ADDITIONAL DIRECT SERVICE POSITIONS.

THAT THE PROVINCIAL GOVERNMENT ASSUME ANY ADDITIONAL STAFFING

COSTS RESULTING FROM THE IMPLEMENTATION OF THESE RECOMMENDATIONS AND ALSO ENTER INTO NEGOTIATIONS WITH THE BOARD OF DIRECTORS OF NWCFS TO DETERMINE WHAT ADDITIONAL FUNDING IS REQUIRED FOR THE PURCHASING OF COMPUTER HARDWARE AND SOFTWARE.

THAT THE MANAGEMENT COMMITTEE BE CHAIRED BY THE EXECUTIVE DIRECTOR AND COMPOSED OF THE UNIT MANAGERS, THE DIRECTOR OF RESOURCE DEVELOPMENT AND THE DIRECTOR OF FOSTER CARE, ADOPTIONS AND COMMUNITY DEVELOPMENT.

THAT THE DEPARTMENT OF COMMUNITY SERVICES IMMEDIATELY ENTER NEGOTIATIONS WITH THE BOARD OF NWCFS FOR THE PURPOSE OF CREATING A COMPREHENSIVE SERVICE CONTRACT WHICH WILL DELINEATE THEIR JURISDICTION AND DUTIES.

BACKGROUND

On May 29th, 1987 the Honourable Muriel Smith announced an external review into NWCFS. This announcement was part of several measures taken by the Minister in response to two child deaths which occurred in NWCFS's catchment area earlier in the month.

These measures included:

1. the appointment of Dr. Peter Markeysteyn, Chief Medical Examiner to investigate the circumstances of the child deaths;
2. the appointment of Mr. Ken Maskiw as interim Director of NWCFS;
3. the suspension of the NWCFS Executive Director, Mr. Tim Maloney;
4. the appointment of Professor E. Hill, Dr. E. Sigurdson, Ms. K. Swift and Professor Grant Reid to review NWCFS's procedures and policies;
5. the appointment of Mr. John Ross as Director of Child & Family Services;
6. the reassignment of the Director of Child Welfare, Mr. Ernie Hasiuk to other duties;
7. the review by senior staff of the role and organization of the Child & Family Services Directorate.

The Review Team led by Professor Reid of the University of Manitoba School of Social Work included: Professor Elizabeth Hill, also from the School of Social Work; Dr. Eric Sigurdson, Resident in Child and Adolescent Psychiatry at St. Boniface Hospital; Karen Swift, Author and Ph.D. candidate at the University of Toronto; and Robert Onysko, a Program Analyst seconded from Child Day Care. Clerical support and office space was provided by the Research & Planning Branch of Manitoba Community Services.

Term of reference for the review were as follows:

"The Review Team is to provide a full report, including recommendations, to the Minister of Community Services respecting:

1. the policies, procedures and practices employed by the agency to identify children at risk, measures used to ensure their protection, and the continuing relationship of the agency with these children;
2. the means by which the agency can improve its ability to identify children at risk, ensure their protection, and its ongoing relationships with these children;

3. the relationships between NWCFS and collateral child and family services agencies and other organizations in carrying outs its mandated responsibilities; and

4. other related issues raised in the course of the review."

REVIEW PROCESS

The review commenced in late June of 1987 and had an expected completion date of September 30th, 1987. An extension to October 7th, 1987 was obtained because of the logistical difficulties of exchanging information between the four Winnipeg Review Team members and the Toronto-Based Team member.

We chose to approach the review of NWCFS from a systematic perspective. The intention was to determine the nature of general practices at all levels within the agency and form opinions of their efficiency. Unusual or uncommon events were noted but placed within the context of seeking general patterns of behavior.

We began with a review of the Chief Medical Examiner's files of child deaths in Winnipeg over the past year and focused particularly on those involving Northwest Child and Family Services (NWCFS). The findings of a review of child deaths undertaken by staff of the Child and Family Support Branch were also examined. In addition, we reviewed NWCFS' policies and procedures.

On the basis of our terms of reference, analysis of the child deaths and evaluation of policies and procedures a review plan was developed.

The plan had seven components:

1. **Staff Interviews**:

   It was our intention to interview all staff within the agency. Interviews for social workers and four out of five supervisors were conducted by the administration of structured questionnaires. One supervisor participated in a short version of the questionnaire. Questionnaires are appended. Informal interviews were conducted with administrative staff.

2. **The Test**:

   We wanted to know the extent of core child welfare knowledge demonstrated by direct services staff. A child welfare knowledge test was developed and administered to supervisors, coordinators, social workers and para-professionals. Supervisors were requested to identify themselves; other staff were only required to indicate their team. Our objective was to ascertain the knowledge levels of supervisors in particular, and teams in general.

3. File Review:

The Minister expressed concerns that perhaps files were being closed inappropriately. To address the file closing issue we reviewed a sample of files. The Court docket from September 3rd, 1986 to September 2nd, 1987 was used as the sampling frame. The sampling unit was a child under apprehension, but where the child's application was withdrawn and the child returned home. Two hundred and twenty-three children were so identified.

To address the issue of risk, we sampled one in three of 137 children aged ten years and younger. To address the issue of team representedness, we stratified the sample to ensure the proportion of children from the five teams was similar to the team proportions of the 223 (see Table 1). Forty-six files were subsequently requested.

TABLE 1

STRATIFIED SAMPLE

	TEAM A	TEAM B	TEAM C	TEAM D	TEAM E	NIGHT DUTY
PROPORTION OF FRAME	71 31.8%	68 30.5%	26 11.7%	18 8.1%	36 16.1%	4 1.8%
PROPORTION OF SAMPLE	15 32.6%	14 30.4%	5 10.9%	4 8.7%	8 17.4%	0 0

The agency was unable to locate one of the files requested and two were rejected as the ages of the children were over ten years.

4. Interviews with Collateral Organizations:

To determine the nature and quality of relationships with outside agencies, we interviewed representatives from collateral agencies. These interviews were designed to determine: the nature of their relationship with NWCFS; the existence of formal agreements or letters of understanding with NWCFS; availability of statistics relating to NWCFS cases; and whether, in their opinion, work was being done well or badly at NWCFS. Twenty-one collateral organizations were consulted.

5. **Board Member Interviews:**

To gain an overall perspective of the management of the agency we conducted a structured interview with board members. Nine interviews were conducted with one ex-board member included in the process. The questionnaire is appended.

6. **Child and Family Support:**

To understand the dynamics between the agency and government, formal and informal discussions were held with managers and various specialists within the directorate, particularly regarding funding, training, placement resources and Native services.

7. **Ex-Staff Interviews:**

At the commencement of the review, we were intent on interviewing ex-staff of NWCFS. An ex-staff listing and questionnaires were developed, but shortness of time mitigated against this undertaking.

It should be noted that during the course of the Review we had formal and informal meetings with the Interim Executive Director, Ken Maskiw, and Executive Director, Tim Maloney. These were primarily designed to clarify issues related to the day-to-day administration of the agency.

A major and unexpected event for the review was the re-organization which the Agency's board undertook on August 20th, 1987. This had a significant negative impact upon staff interviews outstanding on that date (especially interviews from Teams A and B). The general level of stress throughout the agency increased substantially.

Combining Teams A and B presented further difficulties as we had already spent time interviewing Team A's supervisor (who was then laid off) and had intended to present comparative analysis on the basis of five similarly sized teams. Because the re-organization had not yet been completed and since Teams A and B have remained, for now, in their separate locations, we chose to conduct our Review on the basis of studying the similarities and differences of five teams.

THE TEST

A continuing problem relating to child protection work concerns the level of core child welfare knowledge demonstrated by workers and supervisors. Several methods of assessing core knowledge are known, such as the competency test for child protection workers that has been utilized in British Columbia and the measurement of worker knowledge conducted by the Child Welfare League of America.

The use of a test by the Review Team to measure the core knowledge of child protection issues was viewed as an important early step in the process of reviewing NWCFS. The principle behind the test was the belief that there is a minimum standard of worker knowledge which is essential to the performance of the work. The general topics for such a test were considered carefully and the following were chosen for the examination: Legislation, Case Work, Abuse Indicators, High Risk Cases, Court, Resources, Treatment and Advocacy.

The test consisted of 21 questions; raw scores by team are appended. The workers of all five teams (A, B, C, D and E) and their supervisors were informed of the nature of the test about ten days before writing it. All workers were asked to indicate their team, not their name. Supervisors and coordinators gave their names. Staff were given three hours to write their answers and consequently about five to ten minutes were available for each question. The test was written August 7th, 1987. Twenty-nine workers, three supervisors, two coordinators and seven paraprofessionals wrote it at St. Joseph's Church Hall. There was supervision of those writing the examination; few technical problems were encountered. Sixteen workers, two supervisors and four coordinators were absent either on vacation or work responsibilities which took them out of Winnipeg. Because night duty staff was covering for workers writing the test, most were unable to write it.

A rewriting of the test occurred September 11th and 13th, 1987, as the Board wished to have all staff tested.

Answers were graded as follows:

-1 ———> Inadequate
0 ———> Satisfactory
+1 ———> Excellent

Some questions were not answered. A few tests had missing pages. This accounts for the differences in the number of responses to certain questions.

The responses were grouped according to topic with team membership and supervisors being considered separately. Markers were requested to comment on poorly worded questions. Random marking of all questions of individual workers was done by a single team member. There were no significant differences in the remarked tests.

Findings

The 21 questions are listed with accompanying marking scheme, and noteworthy findings. Collective agency results listed by team are appended.

Test Questions/Answers

1. **What is your mandate under the Child and Family Services Act?**

   Social workers have the mandate to implement the Child and Family Services Act. To rate "0" responses had to include the mandate to protect children. If this was not included the rating was "-1". Four or more additional responsibilites as outlined in the Act resulted in a "+1" rating. Most teams rated satisfactory. The majority of workers from Team C rated excellent. Four of the supervisors rated excellent and one rated satisfactory. Nine percent of workers could not adequately describe their mandate under The Child and Family Services Act.

2. **What is your definition of: (a) physical abuse of a child, (b) sexual abuse of a child?**

   The definition of physical abuse should include reference to harm sustained by the child and identification of the perpetrator as one entrusted with the care of the child. A good answer would also include a comment about whether the intentions of the perpetrator are considered a factor in abuse. The definition of sexual abuse should also include identification of the perpetrator, and some specification of the range of behaviors which could be considered abusive. This definition should also allude to the issue of whether the child's consent is a factor in determining sexual abuse. The best answers make some reference to current child welfare literature, for instance in pointing to areas of definitional dispute, and to relevant sections of the legislation.

   "+1"answers included all or most of the above factors in defining both physical and sexual abuse. "0" answers were those which gave a good definition for either physical or sexual abuse, but not for both, or which included one or two of the required factors for both physical and sexual abuse. "-1" answers included none or one of the above factors for both physical and sexual abuse. "-1" answers often focused on behaviors symptomatic of abuse or actions which they thought should be taken when abuse occurs instead of defining the terms.

It should be noted that we asked for "your" definition rather than for the definition used by the worker in carrying out child welfare responsibilities. Some of the answers reflect very personal views, for instance about spanking children. Because of the wording of the question, it cannot be said with certainty that these workers are unaware of appropriate child welfare definitions.

Most teams rated satisfactory. Team B had the most inadequate answers. Night duty and resource staff had more excellent responses than other teams.

3. **What actions do you take upon being notified, by someone outside the agency, of a case of suspected child abuse?**

The primary list of actions was taken from NWCFS's Physical and Sexual Abuse Procedures, dated June 9th, 1986. The procedures outline seven main areas, each containing additional actions. Five or more of these actions from the procedures or additional reasonable actions such as ensuring safety of other children in the home were required for a "+1" rating. An "0" rating required at least four of the listed actions. A "-1" rating was given for three or less actions.

Team B did not do well on this question, the majority of responses being unsatisfactory. The other teams generally responded in the satisfactory range. Team E had the highest number of excellent ratings.

Two supervisors rated satisfactory, three rated excellent. 30% of the workers were unable to describe a process which included ensuring the safety of the child.

4. **How soon are you required to take action upon being notified of a case of suspected child abuse?**

At present, neither legislation nor agency policy specifies a time requirement for investigation. The term "take action" was somewhat ambiguous and lead to a range of responses. However, all responses took into account the need to act quickly if children were in need of protection. Therefore, all responses were rated satisfactory.

5. **How do you determine if a child or family is, or has been, involved with the child and family services system:**

Correct responses are outlined in NWCFS's Physical and Sexual Abuse Procedures, June 9th, 1986. Six sources of information are listed. Additional plausible sources were also included.

To obtain a "0" rating responses had to include a check of the agency computer and the files at 114 Garry Street. These two sources plus at least three other sources rated "+1". Only one worker rated unsatisfactory.

Most workers scored in the satisfactory range. Team C had the highest number of excellent responses. Four supervisors scored excellent, one scored satisfactory.

6. **How would you recognize a child who is "failing to thrive"?**

The central concept that was needed for a "+1" answer was that of the child not increasing in height, weight, or motor skills, nor progressing in the usual behavioural and emotional milestones. Many answers focused on pale skin, floppy muscles, not describing the lack of growth over time; this was marked "0". Answers that viewed the condition as only a behavioral problem were marked "-1".

Few answers included the idea that "failing to thrive" could be due to physical causes such as chronic infection, and not due directly to neglect or abuse. Many answers correctly included reference to dehydration. A good general reference is Textbook of Pediatrics by W. Nelson.

All teams had a range of answers from inadequate to excellent.

7. **List 7 behavioral indicators of sexual abuse?**

The primary list of indicators was taken from NWCFS's Physical and Sexual Abuse Procedures dated June 9th, 1986. Eleven behavioral indicators are noted after page five of that document. At least six indicators from that list plus other plausible indicators such as nightmares, acting out, anorexia and substance abuse were required for a "+1" rating. A "0" rating required at least five indicators; while a "-1" rating was given for four or fewer indicators. Workers from Team D were most knowledgeable of the indicators; while workers from Team E were least knowledgeable. All supervisors scored equally well.

8. **You are assessing a child suspected of being physically abused. For the following age groups, what evidence presented, or displayed, by that child would cause you to believe he/she was at "high risk" of being re-abused:**

   a) **child under two years?**

   This question was poorly worded. It was intended by the question to distinguish between the limited verbal skills of a child under two years and the verbal child over two years or so.

The following evidence would be anticipated by a child at high risk of being abused:

- bruises (recent or old);
- unexplained injuries (evidence of old burns, scars, fractures); and
- signs of failure to thrive.

A long list of potential evidence is widely available at NWCFS. A second reference is the Risk Index from The External Review Into Matters Relating to the System of Dealing with Child Abuse in Winnipeg.

As the child is generally perverbal, it is necessary to specify that the child is much less likely to tell the protection worker about abuse, it is thus necessary to seek out a history of previous physical abuse from other sources to establish the probability of high risk.

A response giving four indicators or more was marked "+1". Three indicators were marked "0". Two or fewer were marked "-1". This question had a second part that was combined with Part A.

b) Child aged two to five years?

At this age the child is more verbal. It is possible to obtain more information directly from the child. The physical indicators are similar to Part(a). In addition to the physical findings, behavioural indicators may become more apparent, including excess agression or withdrawal. The longer list of potential evidence is appended. Marking was the same as for Part (a).

A majority of all team responses were marked satisfactory or excellent.

9. You are assessing the parent(s) of a child suspected of being abused. What evidence presented or displayed by the parent(s) would cause you to believe this was a high risk case?

A good answer for this question which was asked specifically for evidence presented by the parents, would include a listing of parental behaviours identified in child welfare literature and research as associated with abuse. These might include excessive hostility towards the worker, blaming of the child for the agency's involvement, and a parental belief in harsh discipline. A good answer should also include factors specific to events prompting investigation. These factors would include items such as parents' refusal to discuss the child's injuries, inconsistency of the parent's explanation with the child's injuries, and parent's failure to seek appropriate medical help.

"+1" answers were those which included both these types of factors, and which included several different factors in each category, thus demonstrating knowledge of a range of indicators and awareness that no single factor constitutes evidence of abuse. "0" answers generally cites only the first kind of factors, but included a list of several different risk indicators. "-1" responses were those which cited few factors in very general terms. Frequently this took the form of citing hostility towards the worker as the main risk indicator.

All teams had a majority of the responses in the satisfactory or excellent range.

10. What factors pertaining to a family's situation would cause you to believe this was a high risk case?

This question asked for other factors in the family's situation which point to high risk. A "+1" answer to this question would mention a wide, but specific, range of factors identified in child welfare literature as associated with abuse. These could include such issues as past history of abuse or other violence in the home, parents having been abused as children, parents involved in substance abuse, marital difficulties, history of mental illness, or specific characteristics of the child, such as hyperactivity. "0" answers included fewer and/or less specific lists of factors. Commonly cited, for instance, were general factors such as "poverty" or "poor budgeting" which apply to many parents who don't abuse as well as those who do. "-1" answers listed only very few and very general factors.
All teams except Team B had a majority of responses in the satisfactory or excellent range. Four of Team B's seven responses were inadequate.

11. How does The Child and Family Services Act define a child in need of protection?

The correct response was the eight reasons outlined in Section 17 of The Child and Family Services Act. At least six of those reasons were necessary for a "+1" rating, at least four for a "0" rating and less than four resulted in a "-1" rating. None of the teams did very well, with Teams C and D providing at best satisfactory answers. Teams A, B and E rated poorly. One supervisor displayed excellent knowledge; three satisfactory knowledge; and one inadequate knowledge.

12. **If you were to apprehend a male or female child today what specific placement resources would you have available for:**

a) child under six years old?

This question was awkwardly worded and asked workers to name placement resources available "today". Many workers listed ideal placements in addition to what placements were apt to be available. Not surprisingly, "Motel 75 with a homemaker", was a frequent response. Other responses deemed correct included emergency and regular foster homes, approved extended family placements for children under 12.

In addition to the above placements, Winnipeg Receiving Resources, the Manitoba Adolescent Treatment Centre and Seven Oaks were placements for adolescents.

A majority of all team responses were marked satisfactory or excellent.

b) child aged six to eleven years?

A satisfactory response consisted of at least two age appropriate placement resources for each of the three categories. A "+1" rating required more than two placements resources being cited. Some workers specified the placements resources that would best meet individual children's need, i.e., children at risk for suicide.

c) adolescent?

Generally the responses to this question were satisfactory. Team E had the highest number of excellent responses. Three supervisors had excellent ratings and two were satisfactory.

A majority of all team responses were marked satisfactory or excellent.

13. **What therapy resources are available for a child who is a victim of abuse?**

The treatment (therapy) resource lists from The Child Abuse Review and Junior Leagues's Child Abuse Forum on Treatment in Winnipeg are appended. To get a mark of "+1" at least five potential resources from these or other sources needed to be mentioned. Three or four resources were marked "0", two or less were marked "-1". Many workers expressed anger at the system for a lack of available resources.

All teams except night duty and resource staff had a majority of answers that were satisfactory or excellent.

14. **What are your responsibilities under Directive 18, concerning the placement of Native Children.**

The appropriate response required thorough knowledge of the complete Directive, particularly:

1. "best interests of the child" including the child's cultural and linguistic heritage and lifestyle;
2. considering the parent's and/or child's wishes whenever possible;
3. involving the Indian Child Welfare authority in all cases respecting the placement of Registered Indian Children (except for VPA's and VSG's);
4. a four part criteria for preferred placement; and
5. maintaining and encouraging linkages to the child's cultural heritage

Moreover, placements of temporary and permanent wards must adhere to strict notification guidelines, be undertaken through a cooperative planning process and are subject to an appeal mechanism. Respondents have to identify four out of five points around placement planning and two out of three points pertaining to actual placement for a "+1" rating. At least two out of five points and one out of three points were necessary for a "0" rating. Anything less was given a "-1" rating. Team C presented the best responses with most clustered in the satisfactory range; Teams A and D offered the weakest responses. Four out of five supervisors provided responses in the satisfactory range; while one supervisor's response was inadequate.

15. **What do you do when a family to whom you are providing services moves out of your area?**

A good answer to this question included reference to agency procedures involved in case transfers, such as case conferences, involvement of the supervisor, forwarding of file information and circumstances under which cases are not transferred. Good answers also outlined the worker's responsibility for continuing involvement in the case during the transfer process. "+1" answers were specific in both areas. "0" answers included information about one area or the other, but were less specific and information leaving out issues such as supervisor involvement, the transfer of files, and their own activity in the transfer process. "-1" answers were very sketchy, suggesting for example only that the family be "referred" to an agency in their new area.

All teams except Team B had a majority of responses in the satisfactory or excellent range. Four of Team B's seven responses were marked inadequate.

16. Under what circumstances is it appropriate to use a Voluntary Placement Agreement?

The appropriate response was Section 14(1) of the Act, including:

1. an agreement where parents maintain guardianship;
2. because of circumstances of a temporary duration; or
3. because the child is mentally retarded, suffering a chronic medical disability requiring treatment which cannot be provided at home, or is at least 14 and out of control.

Points 1 and 2 plus two out of three criteria of point 3 were needed for a "+1" rating. Points 1 and 2 plus any one criteria from point 3 were given a "0" rating. Anything less was rated "-1". All workers tested from Teams A and C were rated as having inadequate knowledge in this area. Teams B and D faired only marginally better. Only Team E had a majority of workers demonstrating satisfactory knowledge. Two supervisors possessed satisfactory knowledge; three inadequate knowledge.

17. How would you go about helping a client family to secure municipal welfare assistance?

An adequate answer for this question would consist of demonstrating knowledge of how an effective referral should be made. This might include such issues as identifying exactly the office at which clients should apply; identify the particular worker, if possible; arrange for transportation, if necesssary; give the clients accurate information on what they can expect and what information they will need to make the application; make an appointment for the clients and write a letter of referral for them; be certain that the clients understand what procedures they should follow to make the application; follow-up the referral to be certain that the client showed up for their appointment and find out exactly what the result of the application was for the clients.

A particulary good answer would show that the worker understood how to use this process to effectively advocate on their clients' behalf.

An answer which indicated that the writer was aware of both these concerns but in general fashion would be rated as satisfactory. If a worker was unable to show that they understood these matters with some degree of specificity then the answer was considered inadequate.

Inadequate answers were received from 15 workers, with two persons having the suprising opinion that these referrals were not properly part of their job. Twenty-one workers were rated as having satisfactory knowledge in the area and 16 as having an excellant grasp of this issue. As units, only the members of Team A and the supervisors can be considered to have demonstrated an acceptable level of knowledge concerning these issues.

18. What is the appropriate procedure for a referral to the Child Protection Centre of a child who may have been abused?

The following would be regarded as a "+1" answer:

> A telephone call to the Child Protection Centre identifying the child and the nature of the problem is the beginning. A decision about proceeding immediately or later needs to be made. If the decision is made to proceed to the Child Protection Centre the child needs to be accompanied. Information about the case needs to be shared with the hospital staff. The protection worker would accompany the child to the examination. The parents should be notified, if they are not aware. There is a need to consider if the police are to be called immediately or over the next day. These steps are consistent with The Act.

A "0" mark would be given if the answer included calling the Child Protection Centre and accompanying the child for the interview and the examination.

A "-1" mark would be given if the answer stated in effect the worker did not consider the issue of whether it was urgent to have the child examined on the same day. An example of this would be an answer that said a letter should be sent to the Child Protection Centre.

All teams except night duty and resource staff had a majority of answers that were satisfactory or excellent.

19. How is the testimony of a child under 12 treated by:

a) Family Court?

Inadvertantly and unintentionally this became a trick question as rarely do children under 12 testify in Family Court. The presiding judge must otherwise determine the child's compentency to give testimony, or at least, indicate their wishes. The Act does provide for legal counsel specific to the child if the Court deems this appropriate.

b) Court hearing a criminal matter?

In Criminal Court the judge must similarly determine the child's competency to give testimony. However, a child under 12 cannot be sworn and hence, their evidence is unsworn. One cannot be convicted upon the unsworn evidence of a child unless there is corroboration.

Either of the two points indicated in (a) plus the points in (b) resulted in a "+1" rating. **Either** of the two points in (a) plus a judge needing to determine child competency to testify in (b) resulted in a "0" rating. Other responses were rated "-1". Team E workers provided the best responses with a majority in the satisfactory range. Teams B and C tendered the most inadequate responses. Responses from Teams A and D were "in between". Three supervisors indicated satisfactory knowledge while two presented inadequate knowledge.

20. What steps are important for a worker to prepare themselves to give testimony in a protection hearing?

A court appearance by the worker should involve both preparation of him/herself to give testimony and preparation of the family to hear evidence which the worker intends to give. A good answer to this question included specific steps involved in both these kinds of preparation. The first would include such items as; review of notes, preparation of summary of information, involvement of collaterals, and consultation with counsel and with supervisor concerning recommendations and plans for the child(ren). The second would include; items such as advance review of testimony with the family, explanation to children about the court proceedings, and assistance to family in retaining counsel. "+1" answers included several items in both areas of preparation. "0" answers included several specific steps in one area or one or two steps in each. "-1" answers listed no or very few steps in either area.

All teams except night duty and resource staff had a majority of answers that were satisfactory or excellent. Five of night duty and resource staff's answers were inadequate. In general, there was insufficient emphasis on developing a plan for the child and on discussing evidence with clients and children in advance. Also, there was very little mention of discussion with involved collaterals, especially doctors.

21. How do you find and evaluate a foster home?

A good answer to this question required discussion of two separate processes. The first was finding a foster home, either through the Foster Home Department or through effort initiated by the worker. The second was foster home assessment, which includes procedural requirements such as police and reference checks and home visits to determine how the family functions. Various factors, such as parents' methods of handling problems, marriage relationship, methods of punishment, stress and anger management, interaction with own children, family rules, and physical settings might be included in this discussion.

A "+1" answer showed specific knowledge of both the processes involved in finding foster homes and a detailed discussion of the assessment process. "0" answers showed good knowledge of one or the other aspect of the question or showed knowledge of some factors of both. "-1" answers were generally given by individuals who reported having no knowledge of the process or gave the disclaimer "it's not my job".

A majority of all team responses were satisfactory or excellent. Answers were very full and detailed. People obviously have a lot of informed opinion on this subject and a fair amount of experience.

Conclusions:

The implications of the test findings must be prefaced by the follow considerations:

> Not all employees wrote the test. Specifically 54 out of 62 eligible did so. Those writing were not a homogeneous group from the point of view of their training and current work, those writing the test included paraprofessionals, social workers, coordinators and supervisors.
>
> The atmosphere surrounding the writing of the test was less than optimal. Many workers objected to the test of their knowledge. Most were anxious about it. Some were very angry.
>
> The test is a study of worker knowledge, not skills on the job. The latter was assessed on the basis of a questionnaire administered individually and described in a separate chapter.

Notwithstanding the above considerations it should be noted that there were a sufficient number of respondents for us to analyse and reach conclusions. It is noteworthy that NWCFS employees answered the questions to the best of their ability.

As a general consideration any question that had 11 or more "-1" marks would need to be viewed as an area of inadequate knowledge. Eleven inadequate replies would represent 26% of all answers. This occurred with Question 6, 7, 10, 11, 13, 14, 15, 16, 17, 19 and 20. The topics represented by these questions are; Failure to Thrive, Behavioural Indicators of Sexual Abuse, High Risk, The Child and Family Services Act, Treatment (Therapy) Resources, Case Transfer, Voluntary Placement Agreement, Advocacy, Testimony of a Child in Court, Testimony of a worker in court. These topics would represent areas of priority in planning training at Northwest.

RECOMMENDATION:

> THAT ORIENTATION TRAINING PROGRAMS FOR NEW WORKERS OR IN-SERVICE TRAINING PROGRAMS FOR SUPERVISORS BE DEVELOPED TO REFLECT AREAS OF INADEQUATE KNOWLEDGE AS ESTABLISHED BY THE TEST OF WORKER KNOWLEDGE AND THE QUESTIONNAIRE OF WORKER SKILLS.

CASEWORK

Workers at NWCFS are faced with what many perceive to be a contradiction. They are mandated to protect children, a task which often results in separation of children from their families; at the same time they have been mandated by the agency to maintain family units if at all possible.

For many, these goals stand in opposition. Historically, in fact, this has often been the case. It has been well documented that protection measures taken by child welfare agencies have resulted in the permanent separation and ultimate destruction of many families (Patrick Johnston, 1982).

Manitoba's new child welfare legislation, in citing the support and preservation of family well-being as a guiding principle, emphasizes the importance of reversing this trend. In practice, however, it is not yet clear how family well-being is to be promoted in the face of serious child protection issues. NWCFS is one of many Canadian child welfare agencies attempting to deal with this difficult issue. Some of the problems cited in this report reflect the confusion and distress workers feel in their attempts to determine how this shift in emphasis should be addressed. For many of those personally and professionally aware of the destructive practices of the past, the goal of supporting the family unit has become a basic method of carrying out the mandate.

One of the purposes of this report is to clarify the mandate under which child protection workers now operate. Information gathered by the Review Team suggests that the protection mandate at NWCFS has not always been effectively exercized. This is evidenced by the failure to achieve clear and consistent protection practices and to engage in planning processes with families; where these difficulties were identified, they have been noted and recommendations for change proposed.

These recommendations are not seen by the Review Team, however, as a return to the past. The report is premised instead on the view that child protection and family unity are not opposing aims but are aspects of the larger social goal of developing and preserving healthy families. Both past and present child welfare efforts must be evaluated with respect to this goal.

While it is true that many past children welfare practices were destructive of families, it is not useful to abandon the old system in its entirety. Rather, those features of traditional child welfare services which have worked to protect children without destroying the actual or potential health of families should be identified and built upon. Protection of children remains a central feature of the child welfare mandate.

Equally important is the task is of finding new and constructive ways to foster the development of healthy families. This includes recognition that responsibility for the protection of children does not rest exclusively with families but is a social responsiblity as well. This goal represents a major challenge, not only at NWCFS, but for child welfare services across the country. It involves much more than simply keeping families together. Equity of access to existing resources and supports as well as the development of new resources for families must be seen as an essential feature of this aspect of the mandate.

It is hoped that our recommendations may help to clarify important changes in the child welfare mandate and provide some practical guidelines for workers at NWCFS in their efforts to carry out that mandate.

INTAKE

Intake represents a major child welfare decision point. It involves a client family's initial contact with child welfare services and requires decisions both about the appropriateness of providing on-going service and about the nature of what that service will be. This section deals with information acquired through interviews with staff and supervisors and from analysis of agency documents concerning how this process is understood and carried out at NWCFS. We recommend changes in both philosophy and procedure. Specifically, we suggest that intake at NWCFS has become a focal point for problems in carrying out the child welfare mandate, with the result that child protection has been de-emphasized to an unacceptable point. Recommendations address not only changes in the agency but in the provincial recognition of resources required to carry out its legislated mandate.

Intake Policy at NWCFS

Intake requirements have been affected considerably by the regionalization of child welfare services in Winnipeg and by the geographic structure of teams at NWCFS. Along with other services, intake at the old Children's Aid Society (CAS) was a centralized service. With regionalization, however, six separate methods of carrying out intake responsibilities have had to be devised. Further, since teams at NWCFS are geographically separated, five separate intake methods have developed within the agency.

In addition, a considerable increase in numbers of protection concerns coming to the attention of social workers at NWCFS has occurred since the agency opened.

	April 1st, 1985	**September 21st, 1987**
Open Cases	686	1,379

The agency has responded to these requirements in several ways. First, in keeping with the concept of developing community based services, teams were allowed to work somewhat autonomously in developing intake and other casework procedures.

Second, to limit caseloads to a manageable size, two agency documents were issued, both attempting to clarify for workers the kinds of cases that should and should not be accepted at NWCFS and detailing how both accepted and rejected cases should be handled (appended).

The first of these documents, dated November 28th, 1985, and signed by the Executive Director is an interim policy response directed towards managing "the caseload problem". It provides a seven point outline of procedures to be followed. The second document, dated October 20th, 1986, is a broader, Board approved statement of policy evidently intended not to supplant but to supplement the previous documents. It's focus is primarily on clarification of cases which the agency will and will not accept, given the "unending demand for service" (Page 1). The policy suggests that service demands be seen on a continuum from essential to inappropriate, and outlines some decision points along the continuum. It makes clear that the primary agency goal is that of maintaining the family unit, if at all possible.

Contradictions in Policy

The Board policy differs from the interim policy on the issue of intake approval. The interim statement is unambiguous in calling for team leaders to review and approve all cases considered for opening. The Board policy, however, states that case opening should be decided by the worker "in consultation with the team manager and/or team" (Page 3). The final decision concerning case openings, according to this document, "must rest with the agency, the unit and the worker" (Page 1).

The Board's document also appears to contradict the agency's legislated mandate. Those cases in the middle of the continuum present decision difficulties:

> "most of these cases involve child neglect or child abuse . . . The agency is obligated to investigate the allegations but placement and indeed service may not be required" (Page 1).

The legislation, however, in its specifications of a "child in need of protection" mandates protective services in cases involving child neglect and abuse.

Distribution of and Compliance with Policy

The policy statments themselves are not widely known, although the directive to keep caseloads manageable is. Only twelve of 47 front line workers were explicitly aware of the agency's intake policy. Night duty and Team A workers appear to be less aware of the policy than members of other teams. Workers were also not specifically aware of ambiguity or contradictions in policy. However, it is clear that there is inconsistency in carrying out of intake decisions. Workers were asked by the Review Team whether they believe the goal of accepting only necessary cases set out in the policy was adhered to. Fourteen workers gave specific reasons why that policy was sometimes overridden. Influences in the decision were said to be pressure from collaterals; a Team policy differing from agency policy; the seriousness of the situation; compassion and/or personal interest in the case; experience and common sense employed by the worker.

Two workers said cases are "never rejected". Information from other workers suggested that this is not the case. Two types of cases seen as likely to be rejected are family matters not concerning protection, for instance in custody cases, and adolescents for whom no services are available. However, there is no procedure in place in the agency to collect information about the types of cases rejected for service and the decision criteria employed by the worker in these instances.

Intake Procedures

The agency's intake policy statements establish some detailed procedural requirements. The interim statement covers case allocation procedures, directing teams to allocate cases on the basis of the "strengths and expertise of particular team members". The Board's intake document covers procedure in further detail, including directives about the kind of information to be gathered, and file checks and forms to be completed. According to this document, files on all requests for service are to be opened regardless of the intake decision. If the case is not to be carried the file is then to be closed. As previously mentioned, the two statements differ on the issue of who is responsible to approve intake decisions.

Team Structure

One of the important principles accompanying the decision to regionalize was that of "generic" social work practice. The specialization which had evolved as part of the centralized approach as CAS Winnipeg was viewed as having resulted in social workers becoming too distanced from their clients. The concept of generic social work was intended to provide a means of reducing this distance by equipping workers to deal with many more aspects of the problems faced by their clients.

Generic social work was interpreted at NWCFS to mean that front line workers should be familiar with and be able to handle all aspects of child welfare work. In the agency's first year, intake was therefore organized on a rotating basis for all social workers. Gradually, however, teams have arrived autonomously at decisions to designate particular workers for the intake function. At present all teams operate this way, although some have made this change only within recent months. No objections to this trend were stated to us, and in fact this appears to be seen as a way of increasing consistency and efficiency in the intake function. These workers, however, do not have high experience levels. Three of the seven intake workers have only a few months child welfare experience. The others have between 1-1/2 and four years of child welfare experience, although most of this is not specifically on intake.

Team structures still differ somewhat. Teams A and D have two intake workers with backup from remaining staff. The preference on D is to respond to calls in pairs. Teams B, C, and E have one intake worker each with backup from social work staff. Team C has rotating intake on Fridays to allow the intake worker time to catch up on other work.

Supervisors report several structural differences in the way intake is handled on their teams. Some teams (C and D) follow recommended procedures in regarding every request for service as a case. Each call results in a file being opened and information recorded. In Team A, calls which are not to be carried, are not opened. Even if brief service is given, the calls are only recorded on a log, which is not reviewed by the supervisor.

Reception

The organization of the agency calls for receptionists to do the initial screening of calls. This is done to ensure that the potential client is in the NWCFS catchment area. If not, they are referred by receptionists to the appropriate office. Sometimes receptionists may also handle walk-in requests.

The fact that these functions are being carried out by a number of different receptionists is a direct result of regionalization and of the decentralized team structure of the agency. This structure requires that many geographic boundaries be considered at intake; the problem of caseload size means that each team has a priority of not accepting cases out of the geographical boundaries. Further, the agency's visibility in the community has brought a new kind of client contact, some of which involves walk-in intake. As a result of these factors, the receptionist function has become an important part of the intake process.

While on the surface this responsibility may appear to be merely an administrative duty, in practice there are many possible complications requiring skill and judgment. For instance, the handling of an out-of-district request should be different if the call is made by someone very upset or reluctant to give information than if it is a routine request about a low risk situation. We are not aware of any special training or supervision provided for receptionists with respect to intake or other client contact.

Approval and Priorization of Cases

Because the policy is unclear about the lines of decision-making authority regarding intake, we asked workers and supervisors for their impressions of how cases receive approval and priorization. Supervisors differ in their methods of ensuring that appropriate cases are accepted. Team A depends almost exclusively on the worker, since cases not accepted are not opened and not reviewed by the supervisor. While there is no formalized process in Team B, there is ongoing mutual consultation between the supervisor and intake workers. On Team C, the worker sits in close proximity to the supervisor, who vets almost every call.

On Team D, the supervisor goes over some cases on the spot, meets with the intake team once a week for case review, and telephones the abuse coordinator regarding appropriate cases. Since all requests become open files, he can review decisions not to accept a case as well as ongoing cases. The Team E supervisor reviews all of the cases with the intake worker almost daily.

Information from workers, with the exception of Team C, does not support the supervisors' contentions that they do daily intake reviews. On Teams A, B, D and E several workers thought reviews would be immediate, while others thought cases would be reviewed within the week and/or at the weekly team meetings. A minority of workers on Teams A, D and E believed some cases would never be reviewed. Five of the night duty workers thought cases would be reviewed the next morning; four did not know.

This information may mean that workers of different experience levels are treated differently by supervisors. In any case, there do not appear to be guidelines about supervisory reviews of which workers are aware.

More than half of the staff (28 of the 47 workers), including one paraprofessional, indicated the intake worker on duty has the authority to priorize cases; seven of these said the supervisor would be consulted if necessary and available. Only one saw this as a supervisory responsibility. Others thought workers would do the priorizing in consultation with the supervisor. This aspect of the work is likely in flux since several teams have recently moved to specialized intake. However, since all social work staff serve as backup at times, virtually all of these workers would be on intake sometimes and should be aware of the allocation of responsibilities. It is not clear from this information whether the intake worker's job description includes case priorization as a responsibility; nor is it clear whether other workers assume exactly the same responsibilities when they serve on intake.

Client Contact

The agency's stated intake policy does not include guidelines about the speed of response to intake calls which is expected of workers. We asked workers to discuss how they make this decision.

We further asked supervisors whether they had imposed team expectations on workers in this regard. There was a strong consensus amongst workers that "serious" cases such as abuse or children left alone must be seen immediately, usually meaning within the same working day at most. Intake workers said they don't often have more than one such emergency at a time; if they do, social work backups are asked to assist.

Otherwise, no real policy exists concerning the timing of first face-to-face contact. Several workers and one supervisor mentioned a week as the outside limit, but workers are not aware of any agency guideline. A few weeks appears to be out of the ordinary, but several workers mentioned that cases such as parent-adolescent conflict might wait "two days or two weeks". Supervisors acknowledged there are no agency guidelines, and no specific team expectations emerged.

Written Assessments

Both intake policy documents mentioned the requirement that a case plan be developed for all cases carried out at NWCFS. The details of case planning will be dealt with elsewhere. Here, information about written assessments prepared by the intake worker is presented. We asked workers whether every case opened at intake contained a written assessment.

Thirty-five of 47 workers said that assessments are written for every new case accepted at intake. Only three said no; others qualified answers by stating that what is written is not really an assessment. One on Team A said the writing is sometimes done after the case transfer. There was some consensus that the intake format does not call for a detailed assessment but rather for a quick summary and recommendations to the regular worker. Although lamented by some, this format was seen as necessitated by the heavy workload. One intake worker noted that the move to a specialized position does lead to improvements in recording.

Use of Existing Information

The Board policy statement specifically calls for a file check at intake to determine if an old file on the family exists, but does not specify particular information the worker should look for. There has been a suggestion at NWCFS that in reaction to some of the practices and attitudes of workers at CAS Winnipeg, some workers in principle do not read existing files. This has been seen as a potential problem, because past history of abuse could be missed at intake. We therefore asked staff whether they make use of existing files as part of the intake and assessment process.

The majority of day staff saw existing file information as important and valuable. Four workers saw files as potentially biasing their judgment and these workers often avoid reading the file until after meeting the client. No one said they refuse to read files altogether.

Conclusions

1. Intake Policy:

Intake policy has developed in response to new problems growing out of regionalization, but has evolved in an ambiguous and contradictory fashion. The focus of the policy has been on workload control rather than on protection of children and supportive services to families. In fact, the policy of the agency contradicts the legislated child welfare mandate.

Policy statements also appear to justify the control of workload problems by citing family unity as an agency goal. This format suggests in effect that children can be protected through non-intervention by workers and adds to confusion in the agency about the mandate under which it operates.

The continuum concept, while very useful academically, is not an appropriate decision tool for intake or other decisions relating to mandate. It provides workers with no specific guidelines or criteria for determining whether service is appropriate. It does allow considerable latitude for workload to become the main determining factor.

2. Decision-Making and Authority Structures:

The inconsistent and ineffective circulation of policy statements to staff, coupled with contradictions about intake approvals, reflect confusion at all levels of the agency about the decision-making structure.

In failing to ensure that agency policies are consistent, that they reach workers and are complied with, a message is sent that teams, supervisors and even workers may make autonomous decisions about mandated protection issues.

A central problem is the supervisory role. Primary functions of child welfare supervisors are generally to ensure that mandated functions are carried out in the agency and to provide a system of accountability through which errors can be examined and rectified. At NWCFS, the supervisory role in review and authorization is unclear. The confusion begins at the Board level and carries through to worker practices.

3. Allocation of Workload:

The development of designated intake workers is seen by both staff and the reviewers as a positive step toward consistency and increased skill in performance of the intake function. The autonomy of teams to determine the number and work structure of these workers is perfectly appropriate, since caseloads, experience levels and other factors differ by team.

However, confusion and inefficiency in the allocation of intake responsibilities remains a problem. Intake is a major decision point, one which affects the kinds of service which the agency must provide and through which the legislated mandate either is or is not carried out. The decisions required are complex and must generally be made quickly, sometimes on the spot. For these reasons, experienced workers are often sought for this task.

At NWCFS, the task is being performed by some inexperienced workers, by busy social workers, and possibly to some extent by receptionists. This arrangement increases the supervisory task and leaves open the possibility of mistakes at intake, especially in the context of heavy workload pressure. We will recommend a series of steps to ensure more consistency and greater skill levels at intake.

4. Guidelines:

Guidelines regarding such issues as speed of response and use of past files are commonly used in child welfare agencies to reflect the current state of knowledge about protection of children. Such guidelines relieve supervisors of some decisions and help to ensure equity of service across the agency. NWCFS has not developed such guidelines with respect to intake.

5. **Information Systems:**

The information which would allow teams to develop consistency and specificity has not been systematically collected. Since few workers were explicitly aware of the policy, it can be concluded that methods of collecting and evaluating information are inadequate.

RECOMMENDATION:

THAT THE AGENCY CLARIFY AND REFOCUS ITS INTAKE POLICY. THE CENTRAL FOCUS OF THE POLICY SHOULD BE THE PROTECTION OF CHILDREN AND SERVICE TO SUPPORT FAMILIES. CASELOAD SIZE SHOULD NOT BE THE CRITERION FOR MAKING DECISIONS ABOUT WHETHER TO ACCEPT A CASE. THE CRITERIA FOR ACCEPTANCE OF CASES MUST REFLECT THE MANDATE OF THE CHILD AND FAMILY SERVICES ACT AND MUST AIM AT CLARITY AND SPECIFICITY. DEVELOPMENT OF CRITERIA SHOULD BE BASED ON BOTH EXPERIENCE WITHIN THE AGENCY AND CHILD WELFARE LITERATURE AND KNOWLEDGE.

AS AGENCY DOCUMENTS MAKE CLEAR, THE DEMANDS FOR SERVICE HAVE FAR EXCEEDED THE EXPECTATIONS OF THE ORIGINAL SERVICE PLANNERS. THIS DEMAND NEEDS TO BE RECOGNIZED BY MANITOBA COMMUNITY SERVICES AS WELL AS BY THE AGENCY. RECOGNITION OF THE DEMAND AND SUBSEQUENT ACCEPTANCE OF CASES IMPLIES COST.

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES, IN CONJUNCTION WITH NWCFS DEVELOP CRITERIA FOR ADEQUATE FUNDING OF MANDATED SERVICES. THIS WILL INVOLVE THE DEVELOPMENT OF CRITERIA FOR ACCEPTANCE OF CASES. SUCH CRITERIA MUST INCLUDE BOTH THE MANDATES TO PROTECT CHILDREN AND TO SUPPORT FAMILIES.

RECOMMENDATION:

THAT SUPERVISORS APPROVE ALL INTAKE DECISIONS. THIS REQUIRES THAT:

> ALL REQUESTS FOR SERVICE SHOULD BE RECORDED. THE FORMAT FOR THIS RECORDING MUST BE CONSISTENT ACROSS THE AGENCY AND MUST MAKE ACCESSIBLE THE KNOWN FACTS OF THE CASE AND THE WORKER'S RECOMMENDED DECISION CRITERIA.

THIS RECOMMENDATION MAY BE CARRIED OUT THROUGH A SYSTEM OF OPENING ALL REQUESTS AS FILES, AS TEAM D CURRENTLY DOES, THROUGH DEVELOPING A BRIEF SERVICE FORMAT, OR THROUGH SOME OTHER SYSTEM WHICH SUPERVISORY PERSONNEL MAY DEVISE.

RECOMMENDATION:

THAT CONSISTENT GUIDELINES FOR THE TIMING OF SUPERVISORY APPROVAL BE DEVELOPED AND BE VISIBLE TO STAFF. THE IMMEDIACY WITH WHICH SUPERVISORS ATTEND TO INTAKE APPROVAL SHOULD BE TIED TO A SYSTEM OF RATING THE SERIOUSNESS OF CASES.

RECOMMENDATION:

THAT INTAKE WORKERS PRIORIZE INTAKE CASES IN CONJUNCTION WITH THEIR SUPERVISORS.

RECOMMENDATION:

THAT SUPERVISORS ENSURE CLERICAL PERSONNEL ARE NOT RESPONSIBLE FOR PERFORMING INTAKE RESPONSIBILITIES.

RECOMMENDATION:

THAT SUPERVISORY STAFF ENSURE CLERICAL STAFF ARE PROVIDED WITH CONSISTENT GUIDELINES, ANY NECESSARY TRAINING AND ON-GOING SUPPORT FOR THE CLIENT CONTACT ROLES THEY DO PERFORM.

RECOMMENDATION:

THAT SUPERVISORY STAFF SHOULD ENSURE THAT BACK-UP STAFF ARE REGULARLY INFORMED OF INTAKE POLICY AND PROCEDURAL REQUIREMENTS.

RECOMMENDATION:

THAT THE AGENCY DEVELOP STANDARDS FOR MAXIMUM ACCEPTABLE RESPONSE TIME FOR INTAKE SERVICES. THESE GUIDELINES MUST RELATE TO A SYSTEM OF RATING THE SERIOUSNESS OF SERVICE REQUESTS.

RECOMMENDATION:

THAT THE AGENCY DEVELOP AND ENFORCE AN INVESTIGATION PROCEDURE WHICH INCLUDES CHECKING PAST FILES FOR HISTORY OF PROTECTION ISSUES.

RECOMMENDATION:

THAT THE AGENCY DEVELOP A FORMAT FOR COLLECTING AND EVALUATING INFORMATION RELATING TO INTAKE DECISIONS. BOTH THE DECISIONS AND THE CRITERIA SHOULD BE PART OF THAT INFORMATION BASE.

RECOMMENDATION:

THAT THE AGENCY OFFER INCENTIVES TO ATTRACT MORE EXPERIENCED INTAKE WORKERS.

HIGH RISK CASES

Among the most important tasks in child welfare work is that of identifying dangerous situations in advance of tragedy. This is accomplished through a complex process of gathering, organizing and priorizing data aimed at predicting high likelihood of harm to the child, thus allowing preventive action to be taken.

Current child welfare literature suggests that determination of "risk" of harm to children involves assessment of the interaction of three factors--the child, the parent or guardian, and the social situation. Literature also specifies factors in each of these categories which have been associated with high risk situations. (Reid-Sigurdson, 1987)

The Review Team asked workers and supervisors for their ideas about high risk cases in order to determine:

1. whether staff were aware of risk as an organizing concept;
2. whether congruence existed among agency staff about the kinds of cases they view as high risk;
3. whether there is congruence of staff perception with knowledge in the field; and
4. how staff monitor cases identified as high risk.

The responses provide evidence that risk is not dealt with on a consistent or conceptual level by staff and suggest the need for an assessment tool which can be used on an agency-wide basis.

What is High Risk

All supervisors were asked to define the term "high risk". Of these, only the Team A supervisor provided a conceptual framework, which included a "vulnerable child, a parent who can't protect the child, and insufficient outside protection". Others provided general definitions, such as "life threatening" situations, or "danger of abuse". The Team C supervisor also gave a list of factors such as "family relationships" which should be assessed. All supervisors said they rely heavily on experience and regular case reviews to identify and decide about specific cases.

Responses of workers were considerably more specific than those given by supervisors. Most provided undifferentiated lists of behavioural indicators, features of the child, characteristics of the parents, and social problems. A typical response listed the following:

- unstable situations
- young mother with no supports or parental skills
- child and abuser in the home together
- children with confused loyalties to parent who is also the abuser
- destructive teenager
- pregnant alcoholic
- alcoholism

A few responded very generally, such as "a child in danger" while others suggested vague factors such as "poor environment".

The compiled responses in fact provide a fairly comprehensive list of risk factors commonly identified in literature. Further, overlap in answers suggest some consensus that younger children are more at risk; that history of past abuse is an important indicator; that children of young unmarried mothers are at risk; and that substance abuse is often present in high risk situations. These are important factors identified in child welfare literature, and congruence suggests that workers are able to identify many problematic situations on the basis of some knowledge about risk.

However, none of the workers interviewed offered categories of factors nor any framework within which to priorize the information they gather. Without such a framework, it cannot be demonstrated that workers routinely gather and assess information in similar ways or that their assessments generally employ the important identifying factors suggested in current literature.

High Risk Caseload

As a rough measure of the seriousness of cases handled we asked workers to estimate the number of high risk cases they currently carry.

Workers on Team A gave the highest estimates, with six stating they carried ten or more, while only two said "a few". On Team B, only one worker estimated high risk cases over ten, two others said five to seven, and three had no response. On Team C, no one estimated higher than eight. Four workers on D said they had no high risk cases, while one estimated more than ten, and two others said three to five. On Team E, five workers said they had less than six, and two said about fifteen.

These responses must be interpreted with caution. If workers define risk differently, they will also count it differently. Team A's high estimates may mean their caseloads are more difficult than others. However, these high counts may reflect worker stress or inexperience. Workers with more experience, such as on Teams D and E, may react with less anxiety about risk since they have a substantial number of past cases to compare. What the data does suggest is that common understandings of the meaning of risk must be achieved before the difficulty of the caseload can be assessed.

Response to Risk:

No guidelines exist at NWCFS to direct workers in the monitoring of high risk cases. Workers were asked how frequently they conduct face-to-face interviews with clients they have identified as high risk in order to establish a baseline of information about how these cases are handled.

The following chart shows the reponses by team:

Table 2

Team	**1 x Day**	**Several days per Week**	**1 x Week**	**Less than 1 x Week**
A	2	5	1	-
B	-	6	1	1
C	1	3	2	-
D	2	2	3	-
E	2	1	3	-
TOTALS	7	17	10	1

The figures demonstrate that the norm at NWCFS is to see high risk clients several times each week. Workers on Teams A and B report seeing high risk clients more frequently than workers on C,D and E. Face-to-face contact less frequent than once a week is clearly out of the ordinary as a basic guideline.

It should be noted that figures given show guidelines only. A number of workers pointed out that they use collaterals such as public health nurses and in-home supports such as homemakers to help in the monitoring function. This allows them to reduce their own face-to-face contact and provides more time for dealing with other cases. However, criteria for deciding that these monitors are reliable are not apparent. Quite a few workers also noted that they increase or decrease frequency of contact as their judgment about the severity of risk alters. However, the data upon which severity is based are not specified in this information.

Conclusions

Although staff are familiar with the term "High Risk" and are aware of a great many common risk indicators, virtually no staff report using risk at a conceptual level to organize and assess data. These responses suggest the need for consistency across the agency in presentation and use of "risk" and for processes by which high risk cases can be identified and assessed. We are not aware of any tested instrument which reliably predicts harm. On the bases of existing knowledge in the field an index was developed and presented in the Reid-Sigurdson Report, 1987. This index could be used to provide the basis for the necessary consistency.

Norms for frequency of face-to-face contact with high risk families do exist. However, there are no agency guidelines which provide direction to workers about appropriate frequency. Nor are there guidelines about the use of non-mandated helpers in the monitoring of high risk cases.

Teams A and B report both more cases assessed as high risk and more frequent contact with those cases than other teams. Several factors may be important to consider in interpreting this information:

- Cases in A and B areas may be more difficult and dangerous than in other areas.
- Workers may be assessing risk on a different basis than workers in other areas.
- Workers may be allocating their time differently.

Depending on the extent to which these different factors are operating, different solutions may be in order.

RECOMMENDATION:

THAT AGENCY GUIDELINES REGARDING THE IDENTIFICATION OF HIGH RISK CASES BE DEVELOPED, SUCH GUIDELINES SHOULD INCLUDE:

1. AN INSTRUMENT CAPABLE OF ASSISTING WORKERS IN THE IDENTIFICATION OF HIGH RISK CASES AND ASSESSMENT OF DEGREE OF RISK.
2. REGULAR USE OF THE HIGH RISK INSTRUMENT IN THE SUPERVISORY CASE REVIEW PROCESS.
3. A RECORDING FORMAT WHICH MAKES POSSIBLE THE EASY IDENTIFICATION OF CASES ASSESSED AS HIGH RISK.

RECOMMENDATION:

THAT AGENCY GUIDELINES FOR THE MONITORING OF HIGH RISK CASES, BASED ON DEGREE OF SEVERITY AND RELIABILITY OF OUTSIDE MONITORS, BE DEVELOPED.

RECOMMENDATION:

THAT HIGH RISK CASES SHOULD BE REVIEWED AT THE AGENCY LEVEL PERIODICALLY. THIS MAY BE DONE BY THE ABUSE COMMITTEE, WHERE APPROPRIATE, OR BY AN AGENCY-CREATED HIGH RISK COMMITTEE.

RECOMMENDATION:

THAT CASELOADS CARRIED BY TEAMS A AND B SHOULD BE SPECIFICALLY ASSESSED FOR DEGREE OF SEVERITY OF CASES AND WORKER'S RESPONSE.

APPREHENSION OF CHILDREN

The Child and Family Services Act specifies those circumstances under which a child may be deemed to be in need of protection and therefore eligible for apprehension by Child Welfare authorities. We asked workers to list those circumstances under which they do in practice apprehend in order to assess congruence with their legislated mandate. In addition, these responses help to show the kinds of problems workers typically handle. We also asked workers how they arrive at the decision to apprehend to determine if decisions are made in similar fashion across the agency.

Results show considerable congruity with the Act in reported reasons for apprehension, with some notable exceptions. No significant differences among teams appeared in the reasons given. The decision process does show inconsistencies in the procedures through which different workers arrive at this decision. Recommendations suggest guidelines to ensure consistency and accountability in decisions about the apprehension of children.

Circumstances for Apprehension:

Workers were asked to provide information about the circumstances under which they apprehend children. Most responded with lists of specific circumstances. These were then tallied and compared to categories specified in The Act. The following table shows the frequency with which these items were mentioned by workers:

Table 3

Abuse, or Danger of Abuse (including sexual abuse)	40
Neglect (including medical neglect)	16
Parental Conduct Endangers Child (including emotional risk)	13
Child Left Unattended	12
Parent Unable or Unwilling to Provide Care	12
Child Beyond Control	3
Child A Danger to Self or Others	2

The patterns or reasons given were much the same in all teams and show a high degree of conformity with the specifics of the Act. It should be noted, however, that few workers specifically referred to the Act in their responses. Also, although sexual abuse is not mentioned in the Act nearly half of the abuse category is composed of sexual abuse (18). The high frequency of mention of abuse does not necessarily correspond to frequency of apprehensions for the reason. The mandatory agency workshops on abuse during the past year have resulted in high awareness by workers of abuse as a reason for apprehension.

There were some responses which did not fall neatly within the categories provided in the Act; of these the most frequently mentioned was a request by the child not to be returned home (4). Other reasons mentioned were:

- not possible to get a Voluntary Placement Agreement signed when needed;
- parents have "partied away" the welfare money;
- on-going family violence;
- physical condition of the home; and
- unidentified children in the home.

As given, these responses appear imprecise. They are presumably the kinds of reasons which fall under the broad category of "a child without adequate care" [Section 17(a)]. However, their wording suggests a need to tie reasons for apprehension more closely to the legislated mandate.

Decision Process for Apprehension:

There is no specific agency policy on apprehension. Guidelines can be found, however, in two documents under the topic of placement of children outside the home. The two documents appear to be contradictory, however, in the directions on the decision process. The document entitled "Physical and Sexual Abuse Procedures", approved in June, 1986, calls for placement of children outside the home to be made "only after consultation with team leader/child abuse coordinator (Page 8)". The Board's intake policy, however, states that "agency workers" decide whether placement is appropriate. We asked both workers and supervisors how this decision is reached.

Supervisors have somewhat different approaches to the issue:

- **Team A:** The supervisor sees his role as one of accountability. It is the workers decision to apprehend and this decision is not often called into question. There is no regular review of apprehensions on this team.

- **Team B:** The supervisor views his role as one of coordinating apprehensions by ensuring that the appropriate staff go out and that issues of safety are addressed. Workers routinely consult with their supervisor before apprehending.

- **Team C:** The worker has authority to make the decisions but checks with the supervisor, in most cases. Review is done through the case review process and through checking court dockets.

- **Team D:** The supervisor sometimes mediates between client and worker in a dispute. He prefers to anticipate possible apprehensions and do pre-planning. On this team, as on Teams C, cases and court dockets are regularly reviewed.

- **Team E:** The supervisor discusses all apprehensions with workers. Some statistical information on the issue has also been compiled.

From this information, it appears that no supervisor requires workers to approval of apprehensions in advance.

seek Workers responded in a variety of ways to this issue. Several workers
ams A and B saw the decision as the worker's. However, the majority on
teams indicated they would consult with the supervisor if possible.
on ters on Team C differentiated between planned and emergency apprehensions,
theseating that the former were discussed with the supervisor, and the
Worker could require the worker to act alone. Workers on Team D saw the
indicion as one either to be discussed with the supervisor or with other team
latters, while Team E workers saw the supervisor as the appropriate consul-
decis At least one worker on each team mentioned the abuse coordinator as a
membeltant as well.
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No worker reported a perception that supervisory and/or abuse coordinator approval was required in order to apprehend. The responses suggest instead that workers seek out consultation with supervisors when possible but recognize that in emergency situations this may not be possible. However, no clear cut definitions of what constitutes an emergency appears to exist.

Conclusions:

A high degree of congruity exists among workers, stated reasons for apprehending children and the specifics of the mandate found in The Child and Family Services Act. Answers are also internally consistent. That is, teams do not report markedly different reasons for apprehending. However, few workers refer specifically to the Act as their main reference point in justifying an apprehension, and some propose reasons that are not clearly tied to the Act.

The decision process is ambiguous. Policy statements are contradictory with regard to the need for supervisory approval of an apprehension. The supervisors themselves do not report a requirement of approval, and workers readily acknowledge that although they seek approval when possible, they confront situations in which they must or in any case do act on their own authority. No regular review of patterns or trends concerning apprehensions decisions occur at either the team or agency levels. Reviews, with the exception of the statistics done on Team E, involve attention to individual cases.

RECOMMENDATION:

THAT AGENCY GUIDELINES CONCERNING THE APPREHENSION OF CHILDREN BE DEVELOPED INCLUDING:

- CRITERIA FOR DISTINGUISHING EMERGENCY APPREHENSIONS FROM OTHERS;
- DIRECTIVES FOR APPREHENDING IN EMERGENCY SITUATIONS; AND
- A DIRECTIVE THAT SUPERVISORY APPROVAL BE OBTAINED IN NON-EMERGENCY SITUATIONS.

RECOMMENDATION:

THAT SUPERVISORS INCLUDE DISCUSSION OF PLANNED APPREHENSIONS AS A PART OF REGULAR CASE REVIEWS TO ENSURE THAT REASONS FOR APPREHENSIONS ARE CLOSELY TIED TO THE LEGISLATED MANDATE.

RECOMMENDATION:

THAT THE AGENCY DEVELOP A FORMAT ALLOWING FOR REGULAR STATISTICAL REVIEW OF ALL APPREHENSIONS, WITH PARTICULAR ATTENTION TO THOSE OF FEWER THAN FOUR DAYS. THE FORMAT SHOULD ALLOW FOR ANALYSIS OF:

- INCIDENCE (INCLUDING RE-APPREHENSIONS);
- AGES OF CHILDREN APPREHENDED; AND
- OUTCOMES.

THREATS TO SAFETY

Among the issues that child welfare workers typically face is that of hostility from their client families. The issues they deal with involve not only dicussions of problems in parenting but the possibility of separating parent and children. For workers, these emotionally charged situations can result in uncomfortable and at times unsafe interactions.

We asked workers to comment on the extent to which they felt their personal safety was threatened in the course of their work. Findings show that aggression from clients is common, that workers have some skills in dealing with it, but that additional commitments to safety need to be made at both agency and team levels.

Interviews with front line workers show that aggression by clients is fairly common. Twenty Four of the 47 workers reported incidents of verbal aggression and threats, some very often, and instances of fear at having to walk into situations perceived as dangerous. An additional eight workers have been physically assaulted; some have been pushed and shoved, two had office chairs thrown at them, one was bitten by a dog let loose by a client. A worker no longer with the agency was said to have suffered a miscarriage as the result of a client attack. A number of both the verbal and physical attacks reported were said to be associated with substance abuse. Only two workers reported having laid charges against the client, while another reported being pressured by "the agency" to drop charges.

Workers on Team E were especially adamant about security. They report feeling vulnerable to violent clients because of the open layout of their office space. They feel the new accessible approach promoted as part of community based service has contributed to lack of security, and several incidents have occurred recently in their office.

Team C also has complaints about office safety, especially at night. Team D attempted to reduce security problems by going out on intake and potentially dangerous calls in pairs. They report general satisfaction with this approach. They also indicate that their office lay-out promotes safety. Workers on Teams A and B did not comment with reference to the issue of office safety.

Workers who had felt threatened, relied heavily on their social work skills to talk their way out of it, gave the client more space, or found a way to back off from the situation. Some relied on other staff or access to the police or the public. It is likely that experienced workers are better able to handle or avoid confrontations. Some teams appeared to have discussed the safety issues, either through orientation or on-going training. Some evidence of the existence of an attitude against laying charges against violent clients does exist. This attitude was expressed by a few workers on Teams A and B.

Conclusions:

There is sufficient evidence of security threats to workers to warrant further review of the issue at both the agency and team levels. Traditionally in child welfare work, danger has been seen as part of the job. We are not aware of studies correlating burnout with the threats to personal security which workers often face, however, it is not unreasonable to suppose that the kinds of aggression reported by these workers would have a wearing effect. It is incumbent upon the agency to recognize and give credence to concerns expressed by workers about physical safety.

There is some evidence of an attitude that the client-worker relationship is paramount and should take priority over workers feelings about assault. This is expressed in the view that violent clients should not be charged by the worker with assault. Such a view is a misuse of the principles lying behind the social work concept of relationship, for it suggests a model of relationships in which one person may assault the other with impunity.

RECOMMENDATION:

THAT AGENCY ORIENTATION AND TRAINING PROGRAMS INCLUDE DISCUSSION OF SAFETY ISSUES. SPECIAL ATTENTION SHOULD BE PAID TO PROBLEMS ASSOCIATED WITH SUBSTANCE ABUSE.

RECOMMENDATION:

THAT WORKERS SHOULD BE ENCOURAGED TO LAY APPROPRIATE CHARGES IN CASES OF PHYSICAL ASSAULT.

RECOMMENDATION:

THAT IMMEDIATE STEPS SHOULD BE TAKEN TO ADDRESS SECURITY COMPLAINTS IN TEAM OFFICES, ESPECIALLY IN TEAM E.

GENERIC PRACTICE

At the agency's inception, the philosophy of generic social work practice was interpreted to mean that all front-line workers should be able to provide the basic kinds of child welfare service. This approach has been modified over time to allow for some specialization of functions within teams. Workers were asked how the concept of generic practice applies to their teams and how satisfied they are with the current model.

Most teams have evolved similar models of practice and are still in the process of making changes. Some workers are quite satisfied with the present situation, while others raise concerns. Recommendations are aimed at improving skills, efficiency and morale.

Current Practice:

As discussed in the intake section the original notion of generic social work has altered over time so that all teams now have designated intake workers. All teams also have designated abuse workers, who are responsible for carrying more than the average number of abuse cases and for acting as a resource to other team members. These workers meet with the abuse co-ordinator to keep up to date on needed skills and knowledge. Some teams also have designated resource workers.

All teams conduct weekly meetings at which cases coming from intake and transfers are assigned during a process of group discussion. There is some tendency on all teams to assign cases on the basis of workers interest, so that "mini specializations" are developing. These tend to be in areas such as single mothers, parent-teen conflict, and substance abuse. This practice did not appear to be seen by respondents as a trend back to specialization, however. All teams still have some expectation that workers will carry "a bit of everything", this is most highly developed on Team B, which expects that every worker will carry at least one of certain types of cases such as abuse, child in care, one unmarried mom.

Team D, with Board approval, has become a generic team, allowing for two permanent resource workers, and three long-term service workers.

Workers' Satisfaction:

A slim majority of workers are satisfied with current arrangements (20 of 37). Satisfaction is concentrated on Teams B (six of eight) and D (all respondents). It should be noted that Team D went through a group process of restructuring its functions, and presented a proposal to the Board for approval. Teams A, C and E each have more dissatisfied than satisfied workers. Five workers could not state an opinion about current arrangements.

The reasons given by dissatisfied workers fell into three main categories:

1. Skill Levels: Some workers noted that people can't be good at everything. Several people reported that comfort is important to doing good work. One worker noted that there are no mechanisms in the current system to ensure that people know what they are doing.

2. It was suggested that generic work is unrealistic in an urban setting, which operates on the basis of specialization and where "contacts" are needed to expedite the work. Also, economy of time is important; generic work requires learning new procedures, which is time consuming and takes away from time with clients.

The functions most often mentioned as requiring specialization for these two reasons were adoption, abuse, and foster homes and resource development.

3. Several workers noted that the current system does not allow for development of skills in particular areas of interest nor for professional development in such areas as therapy.

Conclusions:

Teams are working toward their own version of specialization, one which does not seem to contradict the agency philosophy of generic work. However, dissatisfaction is high enough to warrant further review, especially since worker morale is probably quite low at present. Issues of time management and relationships with collaterals, both raised by workers, also need to be considered as part of this issue.

The designated worker approach, together with somewhat specialized caseloads, appears more satisfactory to most staff than the original model. This approach allows specialized knowledge and skills to be pursued by some team members, and relieves others of some responsibilities. It is not clear, however, that this approach has produced equity of service across the agency. The areas mentioned as most likely to produce problems of service equity are adoption, resource development and abuse.

The equity issue may be exacerbated by the current method of assigning cases. Generic case assignment through group discussion may mean that workers are assigned cases beyond their skill and knowledge levels; if so, it is clients who are penalized.

RECOMMENDATION:

THAT AN EVALUATION OF THE DESIGNATED WORKER APPROACH TO ABUSE SHOULD BE CONDUCTED WITHIN A REASONABLE LENGTH OF TIME TO ASSESS THE EFFECTIVENESS OF THIS APPROACH. THE EVALUATION SHOULD INCLUDE:

- SKILL DEVELOPMENT OF DESIGNATED WORKERS;
- EXTENT TO WHICH KNOWLEDGE ABOUT ABUSE IS CONVEYED TO OTHER TEAM MEMBERS;
- DEVELOPMENT OF EFFECTIVE COLLATERAL RELATIONSHIPS; AND
- WHETHER SERVICE IS EQUITABLY PROVIDED ACROSS THE AGENCY.

RECOMMENDATION:

THAT SUPERVISORS SHOULD ENSURE THAT WORKERS HAVE SUFFICIENT SKILL AND KNOWLEDGE TO HANDLE THE CASES ASSIGNED TO THEM. THIS SHOULD BE A PRIORITY ABOVE THAT OF GENERIC CASE ASSIGNMENT.

CASE PLANNING

Effective case planning is an integral part of case management. It involves the ability to set realistic and measurable goals and objectives on the basis of thorough assessments and knowledge of resources. In order to assess the quality of case planning at the agency, we interviewed staff and supervisors, examined Voluntary Placement Agreements (VPA) and conducted a review of a sample of files.

Workers were asked to describe a case plan and were evaluated on their knowledge of this area. An ability to: identify the problem(s), determine the goals of intervention, access resources and collaterals to redress the problem(s) and achieve the goals, set time-lines for expected change and evaluate the outcome were considered the rudiments of case planning and these criteria were not unlike the Board's "Interim Policy on Caseload Management":

> "Upon the assignment of a new case, within 30 days, a written plan with an assessment of the presenting problems and with time limited goals must be completed.
>
> All open cases shall be reviewed in January 1986 and in July, 1986. Prior to the review by the team leaders each social worker shall ensure that there is an up to date brief written plan in the file. The plan shall include a brief summary of the case, problems outstanding, and if there is a recommendation to keep the case open, there shall be time limited goals established."

Twenty-four of 47 workers interviewed (51%) were knowledgeable about the above policy. Others had less detailed knowledge. Workers in Team E were the most knowledgeable of planning; workers in Team A, the least. Workers in Teams B, C, and D were in between with a majority in each rating well. Night duty workers either did not report or only outlined some basic planning steps--likely a reflection of the fact that they did not carry cases.

We expected to correlate the ability to plan with experience. It was somewhat unexpected that Teams B and C, in spite of more limited experience, rated well in this area.

However, when workers were asked whether they had plans on all their files, fourteen of 39 day staff answered in the affirmative. The highest number of positive responses was from Team A, which stands in contrast to their limited knowledge of what constitutes a plan. Only one worker each in Teams D and E indicated a plan on all files. Several Team E workers noted that their caseloads were too high to record in this manner. The majority of workers stated that some or most files would contain a plan.

The file review confirmed that a slim majority of cases did contain plans. Of the 43 files reviewed 23 or 53.5% contained a case plan in the family file. We assessed each plan according to its proposed ability to protect the child, using the following scale:

INADEQUATE ————> SATISFACTORY ————> EXCELLENT

Our criteria included; the extent to which the plan was clear, realistic, problem specific and relevant to the particular child in our sample.

Based upon the file information, ten of the 23 plans or 43.4% were judged inadequate to protect the child in question. The two most common weaknesses were:

1. The plan was unrealistic, given the severity of family problems and previous history.

2. The plan did not address the child identified in our sample, but tended to focus on an older sibling in the same family who was acting out.

Team B had the heaviest concentration of plans judged inadequate with five. Team A had three and Teams C and E had one each.

Of the thirteen plans judged satisfactory to excellent, Team A had five, Teams C and E each had three and Team B had two. We were unable to judge the quality of planning in child files sampled from Team D as three did not have accompanying family files.

Interview and file review data indicates an immediate need for improved case planning in the agency. The planning capabilities of Team B and, to a lesser extent, Team A require particular attention. Planning is critical or two reasons: it sets the tone and direction of the case; and, in an agency with high worker turnover, a new worker assuming a case will be more likely to know its status. Furthermore, an agency which plans well and with consistency across teams has a greater potential of delivering an equitable service throughout its catchment area.

RECOMMENDATION:

THAT THE AGENCY ENSURE THAT ALL SUPERVISORS ARE FAMILIAR WITH THE PLANNING PROCESS AND ITS ROLE IN CASEWORK.

RECOMMENDATION:

THAT ALL SUPERVISORS ENSURE THE PREPARATION OF A READILY IDENTIFIABLE CASE PLAN IN ALL FILES.

When planning is non-existent or done poorly, there is a greater potential for worker efforts to concentrate on the immediate crisis or or short-term need. Less emphasis is placed, therefore, upon the longer term "best-interests for the child". We have chosen to examine the quality of short term planning through a review of Voluntary Placement Agreements (VPA's). This is based on preliminary indications that perhaps VPA's were not being used properly -

1. The test revealed that most workers and some supervisors do not know the appropriate use of VPA as outlined in sec 14(1) of the Act.

2. Workers routinely use VPA's as a primary vehicle for bringing children into care.

3. Because VPA's require parental co-operation and, in some instances, financial contribution, their use is non-adversarial compared to the court process. Cases have greater potential for mutual planning and successful resolution as parents identify and agree to work on problems.

4. Case planning is a requirement of VPA documentation and necessary for approval.

Worker knowledge of the appropriate use of VPA's as revealed by the test indicates that most employ a narrow interpretation of Section 14(1). While the section reads as follows:

> "An agency may enter into an agreement with a parent, guardian or other person who has actual care and control of a child, for the placing of the child without transfer of guardianship in any place which provides child care where that person is unable to make adequate provision for the care of that child:
>
> (a) because of illness, misfortune, or other circumstances likely to be of a temporary duration; or
>
> (b) because the child;
>
> (i) is mentally retarded;
>
> (ii) is suffering from a chronic medical disability requiring treatment which cannot be provided if the child remains at home; or
>
> (iii) is fourteen years of age or older and beyond the control of the person entering into the agreement."

Workers appear to limit their interpretation to the first six lines (four in the Act) and tend to emphasize parental co-operation as a key factor in choosing a VPA. However, in fairness to the workers, this section notes "other circumstances likely to be of a temporary duration" as one criterion for a VPA. It does not elaborate on the nature or possible definitions of such circumstances. Presumably, this is left for the worker to interpret.

Table 4 provides an analysis of VPA usage by team from January 1st, 1987 until August 15th, 1987. The reasons specified are taken from the major problem area identified in the "Purpose of Placement" portion of the VPA document.

TABLE 4

USE OF VOLUNTARY PLACEMENT AGREEMENTS BY NORTHWEST CHILD AND FAMILY SERVICES TEAMS JANUARY 1 - AUGUST 15, 1987

REASON SPECIFIED:	TEAM A	TEAM B	TEAM C	TEAM D	TEAM E	AGENCY TOTAL
FINANCIAL	9	1	0	0	1	11
STABILIZING FAMILY	9	7	5	0	2	23
MEDICAL NEED	1	1	2	1	1	6
PRE-ADOPTION PLANNING	1	2	3	3	1	10
SUBSTANCE ABUSE	10	10	1	0	1	22
TEEN PREGNANCY	1	1	2	0	0	4
INCARCERATION OF PARENT	0	2	0	0	1	3
CHILD ABUSE	5	2	1	0	2	10
TEEN OUT OF CONTROL	10	19	7	1	5	42
INDEPENDENT LIVING	3	3	4	2	0	12
MULTI-PROBLEM FAMILY	0	1	1	0	0	2
FAMILY VIOLENCE	3	0	0	0	0	3
CHILD'S NEEDS UNMET	2	3	1	0	1	7
NOT KNOWN	1	1	2	3	0	7
TOTAL	55	53	29	10	15	162

The highest concentration of VPA's can be found in Teams A and B. Reasons for bringing a child into care via this approach vary and encompass virtually all possible child welfare concerns. Only usage for medical need, pre-adoption planning and teens out of control is consistent across all five teams. These uses are also consistent with the legislation.

"Child abuse" is not an appropriate circumstance for use of a VPA; while parental substance abuse and multi-problem families cannot be considered temporary conditions. It is also apparent that the agency is operating a mini-welfare system by taking children into care for purely financial reasons. In part, this is a reflection of the differing demographic profiles and needs of the five districts; it is also an indication of some inappropriate usage and inadequate monitoring of usage. Most disturbing is the fact that in seven agreements, the reason for the child's entry into care is not specified.

Case planning around the VPA was similarly variable. With few exceptions, the plans indicated in the VPA documentation were inadequate, incomplete or unrealistic for the severity of the problem(s) specified.

Only a small number of VPA agreements contained detailed, well articulated plans which offered the possibility of redressing the presenting problem(s). Plans typically stressed the return of the child as the primary goal and provided less specificity about how this goal was to be achieved or evaluated.

Some examples of "Purpose of Placement" are noted below:

Example 1:

"To provide structured, nurturing supportive environment to:

1. Stabilize A. by providing constant and clear limits.
2. Provide opportunity to deal with and understand emotional issues/family dynamics with professional help on an ongoing basis."

Example 2:

"Mother signed V.P.A. because mother unable to cope at this time. D. needs time to adjust and to able to look after herself before she gets E. back. D. needs to look at herself mentally, emotionally and physically."

Example 3:

"Inadequate care".

Example 4:

"Mother requested placement so that she could enter an alcohol teatment program".

The plans related to these example are listed as follows:

Example 1:

"A. has become increasingly beyond her parents' control. A.'s parents want her placed in care so that she can stabilize. It is A.'s desire as well that she be in care.

Alternative Explored - 1. individual counselling
2. family counselling

Plan

1. Placement in a Level III group home.* The goal is that placement would be for a period of 6 months, at which time assessment would determine whether placement should continue with eventual training for independent living or whether A. should return home.
2. A. will continue her education.
3. Mr. and Mrs. B. agreed to be financially responsible for major clothing expenses for A.
4. Mr. and Mrs. B. have agreed to work cooperatively with NWCFS Agency workers and other professionals/agencies involved.

Financial Circumstances

Mr. and Mrs. B. have indicated to the worker that they have a limited amount of surplus money available monthly after expenses and that they should not have to contribute to A.'s care. Their reasons are:

1. They pay taxes.
2. A. is capable of working part-time during school and full-time during summer and contributing to some of her upkeep.
3. Upcoming major medical expenses for C."

Example 2:

"I truly believe the ultimate plan is to reunite D. and daughter E. However, there has to be a lot of work done by D. herself. D.'s immediate plan is to possibly get into Z Centre* and get into some program. Also to break up with the common-law relationship she has developed. We at NWCFS will monitor D.'s progress and supervise her visits with E. D. has agreed to making an effort on her part."

Example 3:

"F. is presently on provincial assistance. This woman has extensive involvement with this agency. This involvement centres around seven children - one of whom was relinquished, three whom are permanent wards of this agency and two children who are in care of the agency, one is at home.

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* Specific program or treatment centre names have been deleted to avoid possible identification of the clients.

The ultimate plan is for F. to attend an alcohol treatment program, attend a parenting program, find better living accomodations. Worker will reassess in three months".

Example 4:

"Mother (H.) is a young single parent on social assistance. Mother has admitted significant difficulties with alcohol abuse and has spoken frequently about receiving assistance and treatment re: the same, but as yet she has been unable to follow through with her good intentions. As a result of mom's drinking, G. has been on occasion left with relatives or others and has not had consistent care. H. has been staying with various friends and relatives and really has been quite transient and there is a need to secure appropriate independent housing.

No Contribution as mother on Provincial Welfare".

These examples indicate the range of identified problems and their attendent plans. Example one refers to a teen out of control, has a clear purpose for placement and presents a detailed and time limited plan which is evaluable. Examples two and three are vague at best regarding purpose of placement and the respective plans are unrealistic and woefully inadequate. They leave serious child protection concerns unresolved and likely set the clients up to fail. These two plans should not have been approved by the supervisors and Executive Director. Example four is perhaps in a grey area of VPA usage. The purpose is short term and treatment specific, but the related plan indicates a more chronic problem with alcohol abuse, high mobility and inadequate housing.

VPA approval requires that both the supervisor and executive director sign the document. Given the findings of inappropriate usage and case plans which range from scant to poor, we are left to speculate that the approval process is often little more than a rubber stamp of the worker's efforts.

RECOMMENDATION:

THAT SUPERVISORS REVIEW CURRENT VPA USAGE TO DETERMINE APPROPRIATENESS GIVEN THE REQUIREMENTS OF THE ACT AND CIRCUMSTANCES OF THE CASES.

RECOMMENDATION:

THAT SUPERVISORS REVIEW SECTION 14(1) OF THE ACT WITH THEIR WORKERS TO ENSURE THEY ARE FAMILIAR WITH THE CRITERIA FOR A VPA.

RECOMMENDATION:

THAT SUPERVISORS ENSURE THE PROBLEMS IDENTIFIED ARE ACCURATE, ASSESSMENT IS THOROUGH AND PLANNING IS REALISTIC TO THE CIRCUMSTANCES OF THE CASE BEFORE INDICATING APPROVAL.

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES AND EMPLOYMENT SERVICES AND ECONOMIC SECURITY TAKE STEPS TO ADDRESS THE FINANCIAL NEEDS OF SIXTEEN AND SEVENTEEN YEAR-OLDS. A NUMBER OF THESE CHILDREN ARE COMING INTO CARE BECAUSE OF POVERTY; NOT BECAUSE OF CHILD PROTECTION CONCERNS.

There are two possible paths to a VPA. One is the planned apprehension of a child in consultation with the parent(s). The other involves apprehension and subsequent consultation with the parent(s). In the latter case, an application is laid and unless it is withdrawn within four days, the matter will proceed to court.

We undertook an analysis of the agency's court dockets from September 3rd, 1986, to September 2nd, 1987. During that period, 546 children appeared on the dockets with the following dispositions:

TABLE 5

Application Withdrawn (child returned home)	286	52.4%
Application Withdrawn (VPA signed)	153	28.0%
Order of Supervision	13	2.4%
Temporary Order	79	14.5%
Permanent Order	9	1.6%
Order Discharged	4	.7%
Application Dismissed	2	.4%
Total	**546**	**100.0%**

The majority of children who are apprehended by NWCFS (52.4%) are returned to their parents or guardians. This figure represents cases which require the filing of an application in family court. We have no data on children apprehended and returned within four days. Such cases do not appear on the docket and NWCFS does not monitor them in a systematic way. Interviews with night duty staff indicates that children are often discharged the morning following apprehension.

Based on this evidence, it is apparent that NWCFS is bringing large numbers of children into care. However, they are quickly discharged and most would return to their original situations. Three interpretations of this data are possible:

1. The parents or guardians have made significant positive changes in a very brief period of time.

2. The children are returned home and the agency provides the necessary services and monitoring to ensure that children are protected.

3. The children are returned home and there is no active agency involvement.

Further docket analysis revealed that 67 children were re-apprehended at least once during that time period. With thirty-nine children, or 58.2% of those cases, a VPA was either the initial or subsequent vehicle for bringing the child into care. Seven of the 39 children had more than one VPA in that year.

Table 6 provides a breakdown of the outcomes in the 39 cases with their outcomes noted chronologically:

Table 6

Child Apprehensions Involving VPA's

Court Outcome	Number of Cases
Withdrawn ——> Withdrawn ——> VPA	1
Withdrawn ——> VPA	12
VPA ——> Withdrawn	13
VPA ——> Withdrawn ——> VPA	1
VPA ——> VPA	6
VPA ——> Order of Supervision	1
VPA ——> Temporary Order	3
VPA ——> Permanent Order	1
Temporary Order ——> VPA	1
Total	39

We find five particular categories of outcome involving 22 cases worthy of closer examination:

1.	Withdrawn ——> Withdrawn ——> VPA

This child was apprehended twice and returned home. After the third apprehension NWCFS entered into a VPA with the parents.

2.	VPA ———————> Withdrawn

These children were apprehended twice. On the first occasion, a VPA was signed with the parents and on the second, they were returned home.

3.	VPA ———————> Withdrawn ——> VPA

This child was apprehended three times and was in care under two different VPA's in the same year. One apprehension resulted in a return home.

4.	VPA ——————————————————> VPA

These children were apprehended twice with a VPA being used each time as the method for bringing the children into care.

5.	Temporary Order——————————> VPA

The agency originally sought guardianship after the first apprehension and entered into a VPA after the second.

Under the power of the mandate exercised by NWCFS workers, one might expect a continuum of interventions into a family moving from the least intrusive to more intrusive. The offer of family support and/or counselling could be considered least intrusive; a permanent order, most intrusive. This continuum serves two purposes:

1. It provides a clear message families that unless positive change can be demonstrated the agency will undertake more intrusive interventions to ensure the safety of children.

2. It allows for a concomitant increase of resources to assist the family and/or child(ren) as agency interventions become more intrusive.

However, the continuum is only valid if workers exercise their mandate from the perspective of maintaining families and protecting children. Should the maintenance of families take precedence over protecting children, one would expect the continuum of interventions to reverse - from most intrusive to least intrusive. This continuum would also reverse if parents demonstrated improvement in protecting their children.

The five categories of outcome selected above show a reversal in the intervention continuum. Two categories VPA ———> Withdrawn and Temporary Order ———> VPA could be an indication of demonstrated family improvement. Given what we know about workers' ability to plan and quality of VPA's contracted in 1987, there is good reason to assert that this reversal in the intervention continuum is more a result of efforts to maintain families than as a result of demonstrated improvement in families. In short, some significant number of children are being apprehended and returned with no other agency intervention.

RECOMMENDATION:

THAT NWCFS IMMEDIATELY INSTITUTE A SYSTEM TO MONITOR ALL APPREHENSIONS OF CHILDREN WITHIN ITS CATCHMENT AREA TO ENSURE THAT CHILDREN ARE ADEQUATELY PLANNED FOR AND PROTECTED.

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES UNDERTAKE A STUDY OF APPREHENSION TRENDS TO DETERMINE WHETHER SPECIALIZED RESOURCES ARE REQUIRED TO MEET THE NEEDS OF CHILDREN UNDER "BRIEF APPREHENSION".

FILE RECORDING

While planning is important to the effective conduct and management of cases, the recording of casework activities is equally critical. Recording not only provides an ongoing description of interventions and events, but contains the data necessary for evaluating case outcomes and setting new goals and objectives.

Recording or "paperwork" as it is called at NWCFS, is done in two ways: workers make notes of client contacts in a black book and periodic recording and dictation are submitted for typing. Interviews from both workers and supervisors indicate no consistency about how recording should be done across the agency. This inconsistency is a reflection of the wider system as there is no agreement on a recording format among mandated agencies in this province.

At present, there is a new recording format being tested by a number of workers as a pilot project. The success of this or any other recording format depends upon worker willingness to acknowledge the value and importance of a well maintained and up-to-date file.

One of the limitations of the contact recording format is its narrowness of purpose. This format is necessary for court proceedings and is of lesser utility for a community-based child welfare system. Mobile families, negotiations for resources, transfers and worker turnover demand a file recording format which is clear, up-to-date and evaluative. Pages of descriptive events do not meet this system requirement. Furthermore, there is some debate over the "ownership" of the black book contact recordings. Are they the property of the agency or the worker?

Because of legal requirements it is necessary that contact recording continue. This kind of recording need not be submitted for typing as it is not very useful for daily transactions within the child welfare system.

RECOMMENDATION: THAT CONTACT RECORDING BE CONFINED TO THE WORKER'S BLACK BOOK.

RECOMMENDATION: THAT THE BLACK BOOK RECORDINGS BE CONSIDERED PART OF THE FILE, AND HENCE, AGENCY PROPERTY.

RECOMMENDATION: THAT CONTACT RECORDING BE DONE WITHIN 24 HOURS OF A CLIENT INTERVIEW.

RECOMMENDATION: THAT SUPERVISORS ROUTINELY REVIEW BLACK BOOK RECORDINGS AS PART OF THE SUPERVISION PROCESS.

RECOMMENDATION: THAT TYPED DICTATION REFLECT A BRIEF SUMMARY OF CONTACTS; EVALUATION OF THE CURRENT CASE PLAN, INCLUDING INDICATION OF COLLATERALS INVOLVED; AND CHANGES TO THE CASE PLAN BASED ON THE WORKER'S EVALUATION.

RECOMMENDATION: THAT THE ABOVE DICTATION FORMAT BE COMPLETED QUARTERLY FOR ALL CASES AND SUBMITTED FOR TYPING.

RECOMMENDATION: THAT THE AGENCY ESTABLISH A "BRING FORWARD" (B.F.) SYSTEM TO REMIND WORKERS OF THEIR QUARTERLY DICTATION RESPONSIBILITIES AND MONITOR COMPLETION.

There is no reason why files cannot be up-to-date under this format. Notwithstanding the quarterly recording requirement, we would expect that any significant case developments would be immediately indicated on the file.

A move to the proposed dictation format has several advantages for workers and the agency: it will encourage workers to incorporate regular evaluation and planning into their casework, files will potentially become more up-to-date and understandable, and clerical staff will demonstrate time savings through not typing countless pages of contact recordings. Time savings can then be directed to other areas, such as prompt typing of closed files.

CASE TRANSFER

The transfer of child welfare cases requires clear, consistent procedures to ensure continuity of services to clients. Presently, at NWCFS there are different arrangements regarding transfer between teams and other child and family service agencies. The transfer of cases is complicated by a high migrancy rate. This has lead to NWCFS and Central Child and Family Service agencies developing agreements not to transfer cases where residency is less than 60 days.

Supervisors agree that transfers are done at the supervisory level. The criteria, according to interviewees, are that the family has moved from the area and that the case is stable and has a plan in place. A transfer summary is sent to determine if the recipient team or agency finds a transfer acceptable. If so, portions of the file are copied and sent, with the original being retained as the property of NWCFS. This procedure is seen by some supervisors as setting up competition among autonomous agencies and as a system which allows workers to discredit each other. The only solution offered was to share cases, however, the supervisor suggesting this noted the possibility of accountability slips in this arrangement.

The criterion of "base stability" needs to be further developed. For example, it is not clear how "stable" is defined. Given that stability of the case was one reason given for closure, it is not evident how the decision would be made whether the case should be transferred or closed. As NWCFS workers may refuse cases that they consider "unstable", it is important to define this concept. It is also possible that in the debate over stability, the service needs of the client are relegated to the background.

Residency requirements also need further refinement. As noted earlier, high migrancy rates can create special difficulties. Families who have questionable residency leave agencies unclear as to which agency or team should provide service. This is of particular concern where the family may be at high risk. It is conceivable that some families may deliberately move to avoid intervention. Cooperation and effective communication are required to ensure that these families are receiving required services. The development of regional abuse committees to replace the two centralized committees will require mechanisms whereby these issues can be addressed and high-risk clients tracked. A continuously mobile family may successfully evade service.

Workers were asked about the transfer process on the exam and during interviews. The responses on the exam were barely adequate. Nearly half the workers gave very vague answers such as "referring" the family to a new agency. Others gave various details about procedures, but only a very few noted that the original worker retains responsibility until the case has been accepted elsewhere. Also, very few noted the involvement of their supervisors in the process, despite the fact that supervisors stressed this in their answers. Further, the information given by different teams suggest differences among them. Very few mentioned a process with the client as part of the transfer arrangements.

Workers were also asked how long it would take them to see a client who was transferred from another agency or team. Responses ranged from within a week to up to a month if the case were "stable". Several factors were mentioned that influenced the decision. These included protection concerns, recommendations from the previous worker, kind of case, and the family's willingness to be seen.

NWCFS has developed a number of different agreements and procedures related to case transfers. These should be evaluated and utilized to develop case transfer procedures that are consistent across the agency. The procedure could start by informing the other team or agency that a client has moved into their area. A number of mandated agencies are currently providing services to clients in NWCFS's catchment area without NWCFS's knowledge.

When the residency requirements have been met the transfer summary would be sent to the recipient agency and a case conference convened if necessary. This would be done at the supervisory level. High risk cases require a case conference which should include the abuse coordinators from both agencies.

A review of child welfare literature revealed a paucity of material pertaining to case transfers. However, there is consensus on the need for the transferring worker to introduce the new worker to the client. This meeting would include the reason for services, a review of the case plan and progress, and the ongoing needs and goals. The next appointment with the new social worker would also be set at this time. The client should be given the new worker's name and phone number with the understanding that the new worker can be contacted before the next scheduled meeting if the need arises. The file should then be updated to include the date of transfer, reviewed by the supervisor, copied and sent to the recipient agency. When appropriate, collateral agencies should be notified in writing of the transfer.

CONCLUSION:

Concise policies and procedures regarding case transfers would improve services to clients at NWCFS. Our file review revealed one case which was apparently transferred to another mandated agency, but without indication of whether the recipient agency immediately became actively involved with the case. It would appear that the file was closed without any follow-up. This could put children at risk.

RECOMMENDATION: THAT NORTHWEST CHILD AND FAMILY SERVICES AGENCY CLARIFY AND FURTHER DEVELOP ITS CASE TRANSFER POLICIES AND PROCEDURES. THIS WILL INCLUDE DEVELOPING CRITERIA TO DETERMINE RESIDENCY AS WELL AS "STABILITY".

RECOMMENDATION: THAT NWCFS DEVELOP FOLLOW-UP PROCEDURES TO ENSURE ONGOING SERVICES TO CLIENTS WHO HAVE BEEN TRANSFERRED. THE REVIEW INDICATES A NEED FOR NORTHWEST TO ASSUME A MORE PROACTIVE APPROACH TO CLIENT CONTACT, PARTICULARLY WITH HIGH RISK CLIENTS.

CASE CLOSING

Case closing has become an issue at NWCFS for many of the same reasons that intake is problematic. High caseloads coupled with relatively autonomous team decision-making processes have resulted in inconsistencies across the agency and pressure to reduce caseloads. This is a critical issue because inappropriate withdrawal of service has been specifically cited as a factor in some child deaths. In this section we review the policies and procedures for closing cases, distinguish specific problems and recommend standardized procedures which should be in place in all teams.

Case Closing Policy

Several steps were taken by the Board and management in response to the escalation of caseloads in 1985 and 1986. In addition to limiting intake, workers were directed to close cases believed to be inappropriately open according to the guidelines presented in the intake policy. This included efforts to close cases through referral; the general policy cited in the Board intake policy was that cases should not be open if "other agencies exist who are better equipped to provide service" (Page 2).

In order to ensure action on closings during the past year, teams have received at quarterly intervals a summary sheet of open cases, by team and a target number of cases each team should be attempting to close.
Case reductions have in fact occurred:

	December 1, 1987	March 27, 1987	May 11, 1987
Open cases	1445	1328	1255

The total case reduction since December of 1986 has been 190, or 13% of the caseload as of December, 1986. Although figures on the number of cases have been followed, there has been no attempt to determine or evaluate the kinds of cases closed nor the appropriateness of closing particular cases.

It was the responsibility of supervisors to review cases with individual workers in order to reach decisions about closure. This review process had different effects on teams. In Team A, the result, according to the supervisor, was that cases for which other resources could be found were closed. Often these were the cases which provided the most worker satisfaction; the remaining cases are "tough", with 61% having kids in care. Also, according to the supervisor, about one-half of the closed cases came back through referral. In Team B, workers were left with an entire caseload of very difficult cases. Client advocacy was virtually ended; while services to adolescents became difficult to access. Team C's supervisor said some dormant cases were cleared out as a result of the review, but this did not affect the basic workload. Similarly Team D was said to be little affected by the review, since the board guidelines closely matched team priorities. Team E's supervisor reported that workers only closed cases which "genuinely needed" to be closed.

Reasons for Closing:

Since the agency has not collected detailed information on case closing, the Review Team surveyed staff about their rationale for determining that a case was ready for closing. Supervisors gave very general responses. One supervisor distinguished between voluntary and involuntary cases. For the former, contracts should have been achieved; fulfillment of the contract provides evidence that the case may be ready for closing. For involuntary cases, a judgment by the worker is required that care is safe and stable and that there are other monitors. Another supervisor said simply the case may be closed when child welfare work is done. A third said cases are closed when goals are accomplished or when complaints are not verified, while a fourth noted the lack of child welfare concerns and a family situation sufficiently stable to allow referral to a non-mandated service.

Workers responded with more specific criteria. Responses cluster around the following categories:

1. Structural reasons:

   - Family moves from the area;
   - Child turns eighteen, becomes a permanent ward, or is adopted.

2. Goal oriented reasons:

   - Service goals are met,
   - Risk factors reduced,
   - Voluntary family requests closing,
   - Family is referred to an appropriate resource.

3. Worker determined reasons:

   - Situation is stable and/or quiet,
   - Case has been inactive for three months,
   - No evident child welfare concerns,
   - There is nothing else worker can do,
   - Family is not cooperating.

Several points about these responses should be made. First, most reasons for closing in all categories are ambiguous. With the exception of the child's age and ward or adoption status, each of these criteria requires considerable worker judgment. If the family moves, for instance, the issue of how much referral effort to make hinges on the worker's assessment of risk. However, with the exception of the continuum concept presented in the intake policy (November, 1986), no agency guidelines for case closing are in evidence.

Second, about a third of the workers mentioned goal-oriented reasons for case closing, suggesting the existence of criteria in the case plan which can be evaluated in relation to a decision to close. This is seen by the reviewers as evidence of appropriate case planning activity. These responses were given almost exclusively by workers on C, D and E.

Third, the worker-determined reasons suggest more passive criteria. Closing is decided on the basis of whether a crisis is in progress. Some workers were explicit in stating that evidence for making this judgment is often the absence of complaints from the community and collaterals rather than by the more active method of interview and assessment. These responses were given frequently but not exclusively by workers on A and B.

Fourth, referral to an appropriate resource was mentioned only occassionally (by 6 of 38 workers) as a reason for closing. This suggests that referral has not proven to be an effective method of reducing the caseload.

Finally, there is some suggestion in the data that criteria for closing are seen differently depending on whether the case is voluntary or involuntary. However, there is no system for recording this information nor are there agency criteria for specifying the difference.

Case Closing Procedures:

The procedure for closing files at Northwest is relatively consistent across the agency. The worker writes a closing summary, fills out the statistical information sheet, and sends the summary for typing. Once typed, the file is forwarded to the supervisor for review and approval. If, upon reading the typed summary, the supervisor does not agree with the decision to close, the file is returned to the worker with suggestion for further work. This apparently is an infrequent occurrence. The approved and closed files are then forwarded to central filing. The large majority of workers interviewed (30 of 38) were quite familiar with the basic procedure.

Supervisors indicate that in most instances they would learn through regular case reviews and structural supervisors, of the worker's intent to close the case. Some workers also state that they routinely consult with the supervisor about closing. However, there is no requirement and supervisors be consulted in advance of the worker's withdrawal of service.

Because notification of supervisors in advance of closing is not required, the sequence and timing of events through which supervisors become aware of the worker's intent to close and the rationale for doing so are quite important. Some cases may not be closed quickly and efficiently. However, it is possible to draw out the procedure over several weeks or even months. Potential points of delay are noted below:

- the worker may withdraw service but delay preparing the summary. Depending on the frequency and depth of case reviews, this may not be noticed for some time.

- The typist, for whom closing summaries are a low priority, may delay typing. If the supervisor is not aware of the closing, this delay will not be noticed.
- The supervisor may have more pressing matters than to read and approve cases which are inactive. There is no system for checking that questionable cases are placed before the supervisor as a priority.

Evidence gathered in interviews suggests that delays do occur at all these points. In one recent instance, a supervisor was observed with several dozen files for closing stacked on the desk (information from interview with Executive Director, September, 1987). It is conceivable, given these delay points, that considerable time could elapse between withdrawal of service and notification of the supervisor that this has occurred.

Termination with Clients:

We did not specifically ask for descriptions of workers' typical termination procedures with clients. From the information available, however, it appears that activities which typically accompany child welfare case termination occurs inconsistently across the agency. These include closing interviews with clients or children, referral to other resources, and notification of collaterals. Some workers volunteered information that they routinely try to hold a termination interview and that they contact collateral agencies. The Team D supervisor indicated that closing interviews are usually done on that team. However, it was clear from other staff, that this is not the case.

Through our review of files we were able to identify four files out of 43, which probably should not have been closed. All involved mothers who were substance abusers and had recently completed alcohol treatment. There was little or no follow-up support to these families or indications of referrals to other agencies. The children were returned home and closing summaries noted that the mother could approach the agency should they require further assistance.

Two additional closed files were worrisome because the families moved back to their respective Indian Reserves. There was no evidence of a referral to alert the appropriate mandated Native Agencies about these families. NWCFS's had children from both families temporarily in care.

Conclusions:

1. Policy: Agency policy concerning case closing has evolved as a side effect of intake policy and workload problems. There is no specific document dealing with criteria for case closing. Consequently, the policy requires considerable clarification. There is a close relationship between intake and closing which needs to be specifically recognized. That is, both deal with the issue of deciding appropriateness of service delivery. Consequently, both policies must be based on the legislated mandate. As with intake, it is inappropriate to focus case closing policies around the workload issue.

   Also, there are no policies in place dealing with client and collateral contact at the point of closing. It is not required that monitors and referrals be in place before closing occurs. Finally, and most important, it is not required that the children who the agency is mandated to protect have been seen by agency staff within the recent past.

   These practices have developed in child welfare for two basic reasons. First, they help ensure that closings are not done precipitously. Second, they help prevent crises and reopening by ensuring that any continuing problems are known and that supports to deal with these are in place.

2. Reasons for closing: Some workers appear to have consistent and acceptable closing methods, based on case planning and goal setting practices. The evidence suggests that this occurs most often on Teams C, D and E. Inactivity in the case is too often used as a primary criterion for closing, especially on Teams A and B. This may result from over reliance on workers community contacts, from poor case planning and/or excess of volatile cases. The protection mandate requires a more active approach. Workers must ensure that protection concerns are not in evidence in advance of closing. Suggesting that clients contact the agency should they have further problems places unrealistic expectations on such clients, particularly if the are involuntary.

3. Categorization of Cases: Workers have no tool for distinguishing voluntary from mandated protection cases nor for recording that this distinction has been made. It is important that workers and supervisors have similar criteria for determining whether a case must remain open under the child welfare mandate or whether the family is receiving voluntary services which may be terminated on request of the family.

4. Procedures: The agency has developed a series of closing procedures which are generally known and followed. Procedures are faulty, however, in not requiring supervisory discussion and approval of closing in advance of service withdrawal. This allows workers to make autonomous decisions about withdrawal of service. The points at which delay occurs and the lack of systems to check on the file in progress mean that service may be inappropriately withdrawn without the supervisor's knowledge.

RECOMMENDATION:

THAT THE AGENCY DEVELOP A POLICY REGARDING CASE CLOSING, RELATED TO BUT SEPARATE FROM THE INTAKE POLICY. SUCH A POLICY SHOULD INCLUDE CLEAR GUIDELINES OUTLINING CIRCUMSTANCES UNDER WHICH CASES WILL BE CLOSED; THESE GUIDELINES SHOULD BE BASED ON THE LEGISLATED CHILD WELFARE MANDATE.

RECOMMENDATION:

THAT THE AGENCY DEVELOP SYSTEMATIC CRITERIA FOR CLASSIFICATION OF CASES. AT A MINIMUM, THE CLASSIFICATION SCHEME SHOULD CONTAIN CRITERIA FOR DIFFERENTIATING VOLUNTARY FROM INVOLUNTARY CLIENTS PERIODICALLY AS CIRCUMSTANCES CHANGE.

RECOMMENDATION:

THAT CASES CLASSIFIED AS INVOLUNTARY SHOULD NOT BE CLOSED UNLESS THE FOLLOWING CRITERIA HAVE BEEN MET:

- THE CLIENT HAS BEEN NOTIFIED THE CASE IS TO BE CLOSED; IF POSSIBLE A TERMINATION INTERVIEW HAS BEEN HELD;
- THE WORKER CAN DEMONSTRATE THAT SERVICE GOALS HAVE BEEN MET AND THE WORKER CAN VERIFY THAT NO CHILD PROTECTION CONCERNS ARE EVIDENT;
- IF THE CASE HAS INVOLVED ABUSE, AGREEMENT TO CLOSING HAS BEEN OBTAINED FROM THE ABUSE COMMITTEE; AND
- A CASE CONFERENCE HAS BEEN HELD WITH PRIMARY COLLATERALS; FOLLOW-UP PLANS AND REFERRALS HAVE BEEN VERIFIED WITH COLLATERALS.

RECOMMENDATION:

THAT SERVICE NOT BE WITHDRAWN PRIOR TO DISCUSSION WITH, AND APPROVAL OF, THE SUPERVISOR. INVOLUNTARY CASES SHOULD NOT BE CLOSED UNTIL THE SUPERVISOR HAS WRITTEN DOCUMENTATION SHOWING THAT THE ABOVE CRITERIA HAVE BEEN SATISFIED.

NIGHT DUTY

After hours services at NWCFS are delivered by a team consisting of workers from NWCFS and two workers paid by Child and Family Services of Central Winnipeg. This team also provides after hours services to Winnipeg South Child and Family Services, who contribute financially to the arrangement. Supervision is the responsibility of the Team E supervisor.

Although night duty does not appear to be experiencing many of the difficulties that the day workers report, changes are required which would improve working conditions for the staff and services to clients.

Night Duty work is focused primarily on child protection concerns by nature of the intake calls. Frequently, night duty workers are called to investigate situations where there is little or no opportunity to work with the parents to plan a mutually agreeable solution, such as when children are abandoned, when the parents are intoxicated or when an older child is on the run and apprehended. In short, Night Duty workers tend to see families at their worst or when conditions of risk to children are very high; while day staff tend to see many of the same families after the crisis is over or has lessened in intensity.

Agency statistics reveal that Night Duty is quite active within the catchment area:

TABLE 7

RESPONSE BREAKDOWN TO NWCFS CATCHMENT MARCH 31, 1986 TO MARCH 31, 1987	
Switchboard	9,129 Responses
Social Worker Responses	6,873
Field Investigations	2,028

More recently, Night Duty monitored interventions between February 7th, 1987, and June 20th, 1987. Two hundred and fourteen families received service during that period, 89 or 42% were from NWCFS. Of those 89 families, 15 or 16.6% received service more than once. The most frequent service provided was the apprehension of children as illustrated by Table 8:

Table 8

SERVICE TO NWCFS CATCHMENT	
Apprehension	50%
Placement Without Apprehension	16%
Home-maker Placement	16%
Field Investigation Only	11%
Referral	7%
Financial Assistance	0%
TOTAL	100%

Despite the frequency and intensity of their work, Night Duty can be likened to a "poor cousin" in the service delivery area. Workers have no on-site supervisor, few forms for their use (instruction to day staff are typically handwritten on yellow note paper), almost no clerical support, limited access to files, little or no orientation and limited training opportunities. Their two most common complaints include the immediate discharge of children they apprehend by day staff and the shortcomings of the computer system.

In our meetings with Night Duty staff, the inappropriate discharge of children by day staff was an important issue. Agency statistics noted above indicate a certain amount of recidivism, but not to the extent claimed by Night Duty workers. Moreover, night duty workers did not provide a list of reapprehensions to substantiate their claim. Because NWCFS does not, at present identify and track apprehensions of fewer than four days, there is no ready means of assessing this claim.

However, the limitation of their information systems is critical. Both day and night staff indicate that the existing computerized data system is between 70 - 80% accurate. Since Night Duty workers do not have access to open files and access to closed files is incomplete (workers can get into the closed file vault at NWCFS, if necessary, but have no access to closed files at 114 Garry Street), workers must very often go blindly into situations. The "data system" for Night Duty is, in effect, the memories of two or three seasoned workers plus an album of child photographs (used to facilitate the identification of abandoned children).

RECOMMENDATION:

THAT NWCFS IN CONSULTATION WITH CENTRAL AND SOUTH CHILD AND FAMILY SERVICES APPOINT A SUPERVISOR FOR NIGHT DUTY.

THE DUTIES FOR THE SUPERVISOR SHOULD BE SIMILAR TO DAY SUPERVISORS BUT SHOULD INCLUDE LIAISON AND FOLLOW-UP WITH DAY WORKERS.

RECOMMENDATION:

THAT NWCFS ENSURE NIGHT DUTY WORKERS HAVE ACCESS TO FILE INFORMATION. IN LIEU OF AN UP-TO-DATE COMPUTER SYSTEM, NWCFS WILL NEED TO MAKE ARRANGEMENTS WITH CENTRAL AND SOUTH CHILD AND FAMILY SERVICES TO PROVIDE ACCESS. AT PRESENT THERE IS AN EXCESSIVE RELIANCE ON THE MEMORIES OF SEASONED STAFF.

RECOMMENDATION:

THAT NWCFS PROVIDE NIGHT DUTY WORKERS WITH ORIENTATION AND TRAINING. EIGHT OF THE WORKERS DID NOT RECEIVE ANY ORIENTATION. ONE PARAPROFESSIONAL IS CURRENTLY BEING ORIENTED BY BEING MATCHED WITH ANOTHER STAFF MEMBER.

RECOMMENDATION:

THAT NWCFS INCLUDE SHIFTS ON NIGHT DUTY AS PART OF THE ORIENTATION OF ALL NEW STAFF.

RESOURCE DEVELOPMENT DEPARTMENT

Resource development is an active and growing program at NWCFS. The department is managed by Alice McEwan-Morris, and consists of a coordinator of Volunteer Services, Youth and Family Development workers, Parent Aide staff and an Administrative Assistant. Located in the Team B office, the department delivers a wide range of support services to NWCFS. Some activities include recreation programming, coordinating home-making services, running parent support groups, training baby-sitters, supporting independent living programs, fund raising and editing the agency newsletter. Home-makers and parent aides have been especially important in supporting and facilitating family stability after crisis intervention.

One collateral interviewed noted that NWCFS should be proud of its Resource Development Department. Prior to regionalization, there were virtually no such support services being delivered to this geographic area from a child welfare perspective.

Interview data reveals differential usage of this department by the five teams. Teams A and B make extensive use of volunteers. Team E uses volunteers to a lesser extent; while Teams C and D hardly use volunteers. There have also been some problems defining the parameters of volunteer activity. For example, volunteers have conducted foster home studies at NWCFS. We view this as one example of volunteers straying too far into the rightful responsiblities of a mandated worker.

The use of home-makers and parent aides is one other potential area of concern. These are valuable support resources for families coping with short term stresses. They are not a solution in situations of chronic neglect, nor should they be considered as a primary treatment resource (although some of their efforts with families may indeed be therapeutic).

There is a tendency among some social workers to be overly reliant on parent aids, in particular, and to be dependent upon their observations regarding family functioning.

Nevertheless, resource staff feel quite positive about the work they do with families. Their non-mandated status promotes relationship building with families and their work is intrinsically satisfying.

One area of dissatisfaction is employment status. Most of the staff in this unit are on individual contracts and are not members of the union. They generally consider themselves underpaid for the duties they perform.

COLLATERAL ORGANIZATIONS

Northwest Child and Family Services (NWCFS) operates in a system with many accompanying or attendant groups, referred to as collateral organizations. A list of those organizations, both mandated and non-mandated, are appended.

Relationships Between NWCFS and Collaterals

The Child and Family Services Act directs all concerns regarding possible child protection issues to NWCFS when it involves residents of that region in Winnipeg. However, the Agency cannot administer it's mandate alone or in isolation from constituent parts of the child welfare system. Mobile families, access to appropriate resources, court requirements and a range of relevant social issues demand constant interactions and negotiations with "the system".

Nevertheless, we have observed few letters of understanding, contracts, or agreements between NWCFS and any collateral group. Almost all relationships with collaterals are informal. Three exceptions are the agreement between Children's Home and NWCFS, the agreement between NWCFS and Child and Family Services of Central Winnipeg and Directive #9 which formalizes the relationship between the Agency and Probation. Copies of these agreements are appended.

The frequency of meetings between NWCFS and collaterals are generally irregular. The one exception is the regular child abuse committee meetings which brings NWCFS together with collaterals on a regular basis.

There are very few statistics available either from NWCFS or collateral agencies regarding their cases held in common. Most of the data is verbal and based on individual memory. Four notable exception are Knowles Centre Incorporated, Winnipeg Receiving Resources Incorporated, the Winnipeg City

Police and Probation. Knowles and Winnipeg Receiving Resources are able to specify the number of children from NWCFS they deal with, average length of stay, and cost per day of care.

The police are also able to provide information regarding work in common with the Agency. The following are the statistics of the Child Abuse Unit for the last three years:

Table 9

YEAR	TOTAL INVESTIGATIONS IN WINNIPEG	TOTAL INVESTIGATIONS (SEXUAL & PHYSICAL ABUSE) OF A N.W.C.F.S. CLIENT	
1985	367	109	(29.7%)
1986	467	114	(24.4%)
Jan. - Aug. 1987	260	71	(27.3%)

NWCFS has more cases involving police investigation than any other agency. A similar trend is noted in Community and Youth Correction's statistics. On average, the North Winnipeg Probation office, with a catchment area roughly similar to NWCFS's has between 30 - 35% of the youth caseload for the entire city.

NWCFS and Probation Services have both a formal and informal relationship. The formal relationship is specified by Directive #9 issued by the Child and Family Support Branch and, to a lesser extent, by the board's draft policy on Young Offenders.

Informally, the Agency and the Winnipeg North office of Community and Youth Corrections have been involved in several joint projects, one concerning the now disbanded Anti-Sniff Coalition; another involving a joint adolescent sexual offenders group; and a third regarding service provision to children under twelve who have come to police attention. Probation has also been part of a mini interagency network meeting out of Team B.

Probation's comments relating to NWCFS are positive, with particular recognition of the community development and prevention work of Teams A and B. There have been no recurring, unresolvable issues between the two agencies.

The Winnipeg City Policy and Probation data indicates that the agency's catchment area has a disproportional number of problem families in Winnipeg. This may be due to, in part, the differences in core area communities compared to suburban regions. What is lacking is a standardized community assessment to demonstrate regional differences objectively. Demographic information reveals that NWCFS is experiencing increases in child population and that its catchment area compares poorly in median family income, percentage of single parent families, and percentage of parental education less than grade nine. (Reid-Sigurdson, 1987)

The content of issues exchanged between NWCFS and collaterals is difficult to evaluate. There are few detailed written reports of case specific problem solving. Problems tend to be solved verbally, either in meetings or over the telephone. Child Abuse Committee meeting minutes are one exception to the lack of written reports between NWCFS and collateral agencies. To this date, the abuse committees have been the primary mechanism of coordinating cases when multiple agencies are involved.

The agreement between NWCFS and Winnipeg Central C.F.S. regarding case transfers offers one of the few records of how NWCFS and a collateral agency has established general principles of problem solving.

We also met with several Indian and Native collateral agencies. With one exception, these agencies described positive relationships with NWCFS. Two of NWCFS's offices were described as having "Native" atmospheres. The high numbers of Native staff employed by NWCFS was frequently cited as one of the reasons for the cooperative relationships. Native staff were viewed as being more aware of cultural issues. However, one of the Indian collateral agencies did not find that Native staff at NWCFS contributed to their relationship with the agency.

The Indian and Native collateral agencies had a general impression that workers at NWCFS had high caseloads consisting of difficult, time consuming, intensive cases. Concerns were expressed about NWCFS's lack of resources, particularly foster placements. Another expressed concern was the lack of emphasis on preventive initiatives.

Referrals between NWCFS and the Indian and Native collateral agencies tend to be by telephone and case conference. The satisfactions of these informal procedures are dependent upon the individual relationships that collateral workers have established with Northwest workers, particularly supervisors.

At present, Directive #18 is the only formal protocol governing the relationship between NWCFS and mandated Native Agencies concerning children in care. Our test results show that worker knowledge of this Directive is generally inadequate. Because several Native agencies both mandate and non-mandated, are actively involved with families in NWCFS's catchment area, it is imperative that workers become intimately familiar with its requirements.

There is a need to develop formalized agreements to define suitable cases for transfer, referral protocols and clarification of roles and responsibilities. Formalized relationships would lessen the present dependence on individual workers negotiating with the system in an ad hoc manner to improve NWCFS's ability to respond consistently to similar situations.

The collaterals that are less frequent participants with NWCFS are generally treatment resources. Our test results show many NWCFS case workers did not name more than two treatment resources. There appears to be no established resource list of collateral treatment agencies. It is uncertain how or on what basis cases are referred to these collateral agencies.

A "hard to place child" committee has recently been developed at the Agency and involves participants from the four major level IV institutions in Winnipeg. This committee, though in its formative stages has great potential to coordinate and priorize resource access in difficult cases.

The treatment system for children in Winnipeg is not organized in a manner to offer NWCFS such a resource list. One important development that is underway is the work of the Coordination of Child and Adolescent Psychiatric Services Group (Co.C.A.P.S.). It is notable progress towards the provision of a treatment resource list. Co.C.A.P.S. is developing this list of treatment services for children at institutions, such as at St. Boniface Hospital, Children's Hospital, and the Manitoba Adolescent Treatment Centre. The Junior League has undertaken a project of describing some of the treatment programs in Winnipeg as well.

We have found that most collaterals in Winnipeg are prepared to grant that NWCFS has a particularly difficult set of social issues to deal with. These problems (poverty, unemployment, drug and alcohol abuse, single parent families, intra-generational history of abuse and client mobility) are found to some extent in all agencies but may well be found in greater abundance in the NWCFS. Without a standardized community assessment of the 6 regions it is difficult to establish the differences.

There has been a perception that most collaterals find NWCFS much less able to provide the minimum standard of care. However, while several collaterals stated NWCFS was not as skilled as the other five city agencies, most collaterals did not find a significant difference in standards of care. The same pattern existed regarding the difference between Teams A, B, C, D and E.

A few stated Teams A and B were not able to provide a good standard. Most found no difference between Teams A, B and C, D, E. However, no collateral was able to provide any data or statistics that would support either opinion. Notwithstanding the lack of data some collaterals felt very strongly that NWCFS was not providing adequate protection for children at risk of being abused or known to have been abused previously.

A frequent observation of collateral agencies is that NWCFS appears to put families before the safety of children. This is stated in a number of ways by collaterals who say that abusive families are "kept together at all cost", and that "white social workers are afraid to apprehend Native children who should be protected". Many collaterals believe that "keeping families together at all cost" is policy of the Board or the policy of Manitoba Community Services. This issue is the most common complaint about NWCFS and needs to be considered carefully by the Board, particularly as NWCFS's Procedures and Policies Manual exaggerates the problem. A related issue, raised by some collaterals, is the perception that the child abuse co-ordinator of NWCFS is by-passed or not informed of abuse cases by workers at NWCFS.

The Provincial Medical Examiner has recently completed a study of the facts surrounding the deaths of two children associated with NWCFS. A frequent complaint of collateral agencies is their inability to find out what is learned in such a study by the Provincial Medical Examiner. Clearly one of the ways NWCFS will learn to do their work better is by sharing the findings of the Provincial Medical Examiner with collateral agencies that were involved in those two deaths. At the writing of this report, the Medical Examiner's report had not yet been shared with the agency's board.

RECOMMENDATION:

THAT THE BOARD REVIEW ITS RELATIONSHIPS WITH COLLATERAL AGENCIES WITH THE GOAL OF GREATER FORMALITY AND EXPLICITNESS. THIS WOULD FACILITATE INCREASED ACCOUNTABILITY IN MULTI-DISCIPLINARY EFFORTS.

RECOMMENDATION:

THAT THE AGENCY PARTICIPATE IN THE ESTABLISHMENT OF A RESOURCE INVENTORY FOR TREATMENT (THERAPY) FOR THEIR CLIENTS.

RECOMMENDATION:

THAT SUPERVISORS REVIEW THE REQUIREMENTS OF DIRECTIVE #18 WITH THEIR STAFF.

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES ENSURE THE REPORTS OF THE MEDICAL EXAMINER ON CASES INVOLVING THE AGENCY BE SHARED PROMPTLY.

RECOMMENDATION:

THAT A STANDARDIZED COMMUNITY ASSESSMENT OF THE SIX REGIONS IN WINNIPEG BE COMPLETED. RESOURCES WOULD BE PROVIDED TO THE REGIONS IN A FAIR AND EQUITABLE MANNER BASED ON THE STANDARDIZED COMMUNITY ASSESSMENT.

List of Collaterals Interviewed:

- o Anishinaabe Child and Family Services
- o Awasis Child and Family Services
- o Child and Family Services of Central Winnipeg
- o Child and Family Services of Eastern Manitoba
- o Child and Family Services of Winnipeg West
- o Child and Family Support Branch, Manitoba Community Services
- o Child Guidance Clinic
- o Child Protection Centre; Children's Hospital
- o Childrens Home of Winnipeg Incorporated
- o Community and Youth Corrections
- o Department of the Attorney General
  - Office of the Medical Examiner
- o Hope Centre
- o Jewish Child and Family Services
- o Knowles Centre Incorporated
- o Ma Mawi Wi Chi Itata Centre Incorporated
- o MacDonald Youth Services
- o Services to Others Regions, Manitoba Community Services
- o Northeast Winnipeg Family and Child Extended Social Services
- o Rossbrook House
- o St. Boniface Hospital Abuse Committee
- o South East Tribal Council
- o Winnipeg City Police
- o Winnipeg South Child and Family Services
- o Director, Psychiatric Services for Children, Manitoba
- o Child Abuse Co-ordinator, Province of Manitoba
- o Seven Oaks Treatment Centre
- o Private Therapists
- o Legal Counsel for NWCFS
- o Marymound School
- o Mount Carmel Clinic
- o Winnipeg Receiving Resources
- o Public Health Services

BURNOUT

The Review Team is cognisant that child protection work demands the expenditure of considerable time in intense involvement with families and children. Typically, the social worker's intervention centres around the client's current problems or crisis and is often emotionally charged. Moreover, solutions to client problems are not always obvious and can be difficult to obtain. Stress which results from continuous work with such clients can become chronic and lead to "burnout".

Maslach and Jackson (1981) define burnout as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment. An important aspect to the burnout syndrome is increased feelings of emotional exhaustion - as emotional resources are depleted, workers feel unable to give of themselves at a psychological level. A second aspect of the burnout syndrome is the development of depersonalization - negative or cynical attitudes about one's clients. A third aspect of the burnout syndrome is reduced personal accomplishment - workers may feel unhappy about themselves and have little job satisfaction.

The consequences of burnout are potentially dangerous for workers, their clients, and the larger systems in which they interact. Specifically, it can lead to a deterioration in the quality of care or services provided by workers. Burnout appears also to be a factor in job turnover, absenteeism, and low morale. In addition, burnout seems to correlate with various self reported indices of personal dysfunction and marital and family problems.

To measure the level of burnout among staff at NWCFS, the Maslach Burnout Inventory (MBI) was administered during the spring of 1987. This scale was one of a series of measures used to examine workload. Results were provided to the Working Margins Consulting Group as one component of their study on service demand at Northwest.

The MBI was designed to assess the three aspects of the burnout syndrome noted above. Each aspect was measured by a separate subscale. The Emotional Exhaustion subscale assessed feelings of being emotionally over extended and exhausted by one's work; the Depersonalization subscale measured an unfeeling and impersonal response toward clients; and the Personal Accomplishment subscale assessed feelings of competence and successful achievement in one's work.

As reported in the Working Margins study, burnout was conceptualized as a continuous variable ranging from low to moderate to high degrees of experienced feelings:

> A high degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalization subscale and in low scores on the Personal Accomplishment subscale.
>
> An average degree of burnout is reflected in average scores on the three subscales.
>
> A low degree of burnout is reflected in low scores on the Emotional Exhaustion and Depersonalization subscales and in high scores on the Personal Accomplishment subscale.

The MBI has also established cut-off points for low, average and high burnout and the accompanying means of each subscale for workers in the social services (see appendix). In its 1987 Report, the Working Margins Consulting Group compared Northwest Child and Family Services staff to the cut-off points and means in the social services profession.

Since that report a more complete analysis of the data has been undertaken by Professor Brad McKenzie and Professor Addie Penner of the School of Social Work, University of Manitoba.

Table 10 groups the percentage of NWCFS staff exhibiting low, average and high degrees of burnout according to the three subscales.

Table 10

PROPORTION OF STAFF EXPERIENCING LOW, AVERAGE AND LOW, AVERAGE AND HIGH BURNOUT

	All NW Staff	Staff Excluding Clerical	Direct Service Staff Only
Emotional Exhaustion			
Low	20.0%	15.7%	0 %
Average	36.9%	39.2%	42.9%
High	43.1%	45.1%	57.1%
Depersonalization			
Low	43.1%	47.1%	39.3%
Average	24.6%	23.5%	21.4%
High	32.3%	29.4%	39.3%
Personal Accomplishment			
Low	50.8%	58.7%	50.0%
Average	27.1%	28.3%	29.2%
High	22.0%	13.0%	20.8%

The highest proportion of staff in all categories, and direct service staff in particular, indicate a level of emotional exhaustion in the high burnout range. A smaller proportion of staff exhibit depersonalization in the high burnout range. However direct service staff again show a greater tendency toward high burnout in terms of depersonalization than other staff categories. Notwithstanding their degree of emotional exhaustion and depersonalization, the majority of staff demonstrate a low degree of burnout for personal accomplishment. That is, they generally still show a high level of personal achievement from their work.

Table 11 compares response means of NWCFS staff regarding emotional exhaustion, depersonalization and personal accomplishment to those in the social service professions.

Table 11

RESPONSE MEANS

Subscale	All NW Staff	Staff Excluding Clerical	Direct Service Staff Only	Social Services
Emotional Exhaustion	27.48	27.61	29.14	21.35
Depersonalization	8.54	7.71	9.79	7.46
Personal Accomplishment	34.16	35.98	35.71	32.75

All NWCFS staff, and direct service staff in particular, experienced high levels of emotional exhaustion and depersonalization. Despite this, staff experienced greater personal accomplishment than the average for the social services professions. It should be noted that these findings were based upon staff's perceptions prior to Tim Maloney's suspension, our review and the board's reorganization--circumstances which have added additional stress to the working environment.

Staff's higher level of personal accomplishment is consistent with the findings of psychologist Robert Murray, who undertook an employee concerns and job satisfaction study at the agency between August, 1986 and February, 1987. He found that all staffing categories (management, social work, clerical) indicated greater job satisfaction over time, based upon identical questionnaires administered in August and February.

However, when Dr. Murray analyzed job satisfaction by team, it was Team B which reported the least amount of satisfaction.

The Review Team notes similar findings in response to the question, "Are you actively looking for alternate employment at this time?". Table 12 presents the responses of social workers grouped by team and includes night duty staff.

Table 12

Looking for Alternate Employment?	Team A	Team B	Team C	Team D*	Team E	Night Duty
YES	4	5	1	1	3	2
NO	4	3	5	6	4	7

*One worker had already resigned at the time of the interview, but was not actively seeking alternate employment and there was no data from another worker.

The Review Team is cautious regarding the interpretation of this question as several staff interviews in Teams A and B were conducted after the agency reorganization which directly impacted upon those teams. With one exception, staff in Teams A and B interviewed after the reorganization were much more disatisfied and were more adamant about wanting to leave.

One explanation for the heightened sense of personal accomplishment in the face of emotional exhaustion and depersonalization may be found in the strong loyalties most workers display to their teams and their supervisors. An effect of difficult cases, limited resource options and the daily negotiations with other components of the child and family services system has been a collective drawing together of staff at the team level. Staff tend to support one another's protection work and thus identify strongly with their districts and families. They perceive little support from their board.

Another explanation could be that conditions have not yet deteriorated to the point where burnout is chronic and completely debilitating for the agency. The burnout problem is, therefore, still amenable to a solution.

Table 13 presents the extent to which social work staff feel supported by their supervisor, co-workers and board of directors.

Table 13

	Team A	Team B	Team C	Team D	Team E	Night Duty
Supervisors:						
Felt supported	5	8	6	6	5	4
Felt unsupported	1	0	0	0	2	2
Other/No opinion	2	0	1	2	0	3
Co-workers:						
Felt supported	7	8	7	6	7	0
Felt unsupported	1	0	0	0	0	0
Other/No opinion	0	0	0	2	0	0
Board of Directors:						
Felt supported	0	2	2	0	2	0
Felt unsupported	7	5	5	2	1	3
Other/No opinion	1	1	2	6	4	6

Child and family service workers typically feel their caseloads are too high. The findings of the Working Margins Consulting Group indicate that the demographic nature of NWCFS's catchment area, especially for Teams A and B and to a lesser extent E, results in a strenuous workload.

The Review Team asked workers to state the size of their caseload and estimate the number of hours of overtime they worked on average per week: Individual caseloads ranged from a low of eleven to a high of 55; while individual overtime ranged from nil to a high of nineteen hours per week. Averages are shown in Table 14.

Table 14

	Team A	Team B	Team C	Team D	Team E
Average Caseload	39.5	29.3	29.5	30.6	35.8
Average Weekly Overtime	8.3	7.1	5.1	2.8	4.4

Manitoba Community Services currently funds social work positions in NWCFS on the basis of one worker for 31.9 cases. Two teams are working with caseloads in excess of the funded caseload average.

Overtime is much more difficult to assess. This data is not routinely kept by supervisors and is therefore, not subject to verification. Furthermore, overtime compensation varies from team to team. In one team, workers receive half day per week in lieu of overtime, in another they receive one day per month, and elsewhere it is straight time off for overtime worked.

The extent of burnout identified by direct service staff combined with the pressures of delivering services to socio-economically depressed neighborhoods, carrying high caseloads, and continuously working overtime must be addressed. One collateral interviewed summed up the situation by stating that delivering child and family services in the southern portion of NWCFS's catchment area is like working in Beruit. Given these circumstances Teams A and B require additional staff.

The remaining teams have differing problems; Team C has limited experience, Team D must cope with the special difficulties of delivering services to middle income families, and Team E has a high caseload and services some neighborhoods which are socio-economically depressed.

RECOMMENDATION:

THAT THE BOARD OF NWCFS DEVELOP AN OVERTIME POLICY WHICH IS CONSISTENT, EQUITABLE AND CAPABLE OF IDENTIFYING WORKLOAD EXCESSES. WORKERS SHOULD NOT, NORMALLY, DO ANY SIGNIFICANT AMOUNT OF OVERTIME.

TRAINING

The word "training" is widely used to refer to practical education in the occupation of social work in general and child protection work in particular. There are five sources of training for direct service staff. Post-secondary education (eg: School of Social Work), the Agency, New Careers, the Child and Family Support Branch and personal reading. NWCFS has two levels of response; orientation of new employees and continuing education for existing staff. This requires the agency to develop in-house training, to access programs offered by the Child and Family Support Branch, to purchase services from post-secondary and treatment institutions and private therapists and make current literature available.

Nearly all workers interviewed named workshops as their primary source of child abuse knowledge, with 37 out of 47 or 78.7% specifically mentioning agency workshops. A majority of workers (32 out of 47 or 68.1%) also indicated coursework of various kinds, most often as part of the BSW Program, as a source of knowledge about abuse. However, specific information about how and to what extent the subject was covered was not obtained. Nevertheless, there is general consensus among child protection workers at NWCFS that there was not adequate prepartion for their work at the School of Social Work.

Table 15 provides an illustration of the kinds of training in abuse workers have experienced or brought to their respective teams. Training is broken down into five categories; workshops, coursework, readings, "other" and "no training", with the number of workers encountering each noted.

Table 15

TRAINING

	Team A	Team B	Team C	Team D	Team E	Night Duty
Workshops	7	7	7	7	6	4
Coursework	6	5	7	5	7	2
Readings	4	0	1	0	0	1
Other	2	1	3	2	1	1
No Training	0	0	0	0	0	4

All teams reported a substantial amount of child and family service and related experience. Experience ranged from four months to 23 years. Table 16 represents the average years experience by the teams, derived from worker interviews.

Table 16

EXPERIENCE

	Team A	Team B	Team C	Team D	Team E	Night Duty
Average **Experience (in years)**	6.6	4.6	4.3	9.4	7.9	7.2

While these figures give a rough average, the kinds of experience reported are not necessarily the same among workers or among teams. It is not feasible to draw conclusions about the relationship between experience and ability to effectively handle work demands without further specification and examination.

Supervisors describe the strengths and limitations of their staff in relatively positive terms. Team A is said to have good balance, with workers lacking formal training and direct experience having compensatory skills to offer. Team B is described as inexperienced but caring; offering a good balance of personality traits which allow members to work well together. Team C is described as mature but inexperienced, while Team D is credited with good assessment skills. Workers in Team E have a lot of experience but could use additional training in abuse.

The test questions asking for definitions of physical and sexual abuse reflects the training which workers report. Many workers were able to provide a precise and mutually congruent definition of sexual abuse. Definitions of physical abuse, however, were vague, frequently leaving out the issue of harm to the child and reference to a perpetrator. Clearly the agency has a responsibility to encourage workers to expand their knowledge, skills and critical faculties.

The review has encountered a widely help belief that the School of Social Work is not producing a BSW graduate well enough prepared for the demands of good child protection. A needs study was undertaken by the Child and Family Support Branch to determine what child protection agencies in Manitoba require for training of new and experienced employees. It is noteworthy that the only agency that did not formally respond to the study was NWCFS.

One of the general principles of that report is that the child protection system needs more supervision. One of the keys to high quality child protection is good supervision and the lack of data regarding NWCFS in this survey is regrettable. It lessens opportunities to improve the system in general and NWCFS in particular. The findings have been published in a document entitled **"The Survey Report on Training in Child Abuse and High Risk Cases for Child and Family Services in Manitoba."** This document goes some distance in defining the training needs of the entire system and offers practical solutions in key areas.

It has been an observation of the Review Team that NWCFS is so frequently responding to crises that the agency has had little time to plan its work, including the training of protection workers and supervisors.

As the most important resource for training is supervisors, this component of staff should be able to provide orientation, case reviews, monitor case transfers, and conduct in-service training as appropriate. The inadequate orientation for new child protection employees is also a serious problem.

RECOMMENDATION:

NWCFS BOARD DIRECT THE AGENCY TO FOCUS ON THE IMPORTANCE OF SUPERVISORS IN PROVIDING REGULAR TRAINING TO ALL STAFF IN THE RANGE OF KNOWLEDGE AND SKILLS EXPECTED OF CHILD PROTECTION WORKERS. IN THIS REGARD NWCFS SHOULD DEVELOP A COMPREHENSIVE TRAINING PROGRAM FOR ALL SUPERVISORS. THIS PROGRAM SHOULD INCLUDE BOARD POLICIES AND LEGISLATIVE REQUIREMENTS.

RECOMMENDATION:

THAT THE CHILD AND FAMILY SUPPORT BRANCH DEVELOP A COMPREHENSIVE ORIENTATION FOR NEW CHILD AND FAMILY SERVICES EMPLOYEES. THIS SHOULD BE OFFERED SEMI-ANNUALLY. THIS ORIENTATION PROGRAM SHOULD BEGIN **JANUARY, 1988**

RECOMMENDATION:

THAT THE MINISTER OF COMMUNITY SERVICES PROVIDE AGENCIES WITH ADDITIONAL RESOURCES TO ENSURE CASE COVERAGE FOR STAFF ATTENDING ITS TRAINING COURSES.

RECOMMENDATION:

THAT THE NWCFS BOARD EVALUATE PROGRESS IN MEETING TRAINING OBJECTIVES ON A SIX MONTH BASIS.

CLEARLY TRAINING IS AN ONGOING NEED OF A MODERN CHILD PROTECTION AGENCY. THE NEEDS VARY WITHIN NWCFS, CONSIDERING THE KINDS OF STAFF; PROTECTION WORKERS; NIGHT DUTY STAFF; SECRETARIES; ACCOUNTING STAFF; SUPERVISORS; MANAGEMENT, ACCOUNTING; FOSTER PARENTS AND BOARD MEMBERS. THERE IS NEED OF ONGOING EVALUATION OF AGENCY PROGRESS IN TRAINING TO MEASURE STATED GOALS IN THIS AREA.

RECOMMENDATION:

THAT ALL NEW SOCIAL WORKERS HIRED BY NWCFS BE PAIRED WITH AN EXPERIENCED WORKER FOR A SIX MONTH PERIOD TO ENSURE DAILY CONSULTATION AND SUPPORT.

RECOMMENDATION:

THAT THE AGENCY CONDUCT A TRAINING NEEDS ASSESSMENT OF ALL STAFF AND OFFER TRAINING OPPORTUNITIES CONSISTENT WITH NEED.

RECOMMENDATION:

THAT SUPERVISORS AT NWCFS, THROUGH SUPERVISION AND EVALUATION, ASSIST ALL STAFF IN THE IDENTIFICATION OF INDIVIDUAL PROFESSIONAL DEVELOPMENT GOALS. ALL TRAINING SHOULD BE RECORDED ON PERSONNEL FILES.

RECOMMENDATION:

THAT THE WORKSHOP FORMAT BE ACTIVELY PROMOTED, ESPECIALLY FOR PHYSICAL ABUSE, AN AREA OF INSUFFICIENT KNOWLEDGE AND COMFORT FOR WORKERS.

RECOMMENDATION:

THAT SUPERVISORS KEEP ABREAST OF CURRENT LITERATURE IN THE CHILD WELFARE FIELD AND USE TEAM MEETINGS AND SUPERVISION TO MAKE CONNECTIONS BETWEEN ISSUES IN THE LITERATURE AND SPECIFIC CASES.

THE MANAGERIAL SYSTEM

This section will examine the current and previous administrative formats which the Agency has used, and recommend an altered structure which is intended to resolve some of the existing managerial problems.

(a) Prior and Existing Patterns

Since its inception NWCFS has organized its staff on the basis of geographically based teams. Each has had a discreet catchment area to serve and has assumed the primary responsibility for delivering services to people within their boundaries. The teams have been backed up by technical consultants, which NWCFS has termed resource co-ordinators; senior management; financial administrators; night duty services and the resource development department which includes the volunteers, parent aides, homemakers and youth and family development workers.

This organizational model is a familiar one with the prototype being the traditional Health Department where geographically dispersed service staff are administered through a single channel of authority and technical expertise is organized through centrally located professional groups such as Nurses, Doctors and Social Workers. This approach has the advantage of focusing day-to-day management at the service level, however, it is typified by tension between delivering the service in a regularized manner and what may often be perceived as inadequate professional knowledge on the part of line staff. In recent history, with the Child and Family Services Agencies in Winnipeg, this debate has focused on whether services to abused children have been adequate.

The five original teams, their addresses and supervisors are as follows:

A.	380 Selkirk Avenue	Wayne Helgason.
B.	220 Andrews Street	Roger St. Hilaire.
C.	850 Keewatin Street	Patrick Harrison.
D.	2188 McPhillips Street	George Kuryk.
E.	1386 Main Street	Sue Johannesson.

Each team was composed of a supervisor, social workers and one or two secretarial staff for a total of ten to fourteen staff. In addition, Teams C and D have had a foster home worker resident in their offices. There has also been, over time, a gradual de-emphasis of the ideal of the generalist worker and the development of specialized skills within teams with reference to such issues as intake and services to abused children.

In August of 1987 the Board of NWCFS decided to alter the structure of the organization. As part of these changes Teams A and B were amalgamated and Wayne Helgason, the most junior of the supervisors, was laid off as a consequence of one supervisory position being eliminated. George Kuryk was moved from Team D to assume responsibility for the new team and Roger St. Hilaire has been transferred from Team B to be the supervisor of Team D. Proposals have been generated within the agency for appropriate means to supervise the new team which have been variations of the "lead hand" approach which is common to industry. One or more senior social worker positions would be designated which would allow these people to devote approximately one half of their time to supervision and they would continue to do casework during the remainder of the time.

In addition the Board has created, and advertised for, a Director of Team Services and Director of Programs and Support Services. These two positions are effectively assistant directors with their responsibilities divided between the administration of the teams and the operation of the remainder of the non-financial services within the agency.

The Agency has also approved four positions devoted to community development at a salary level of $24,000 per year.

(b) Management Committee

The management committee is the central organ of NWCFS for the purposes of co-ordination and the formation of management decisions. It is composed of the supervisors, the program co-ordinators, the director of administration and the executive director. Upon occasion the Board has sent members to these meetings to enable the Board to be better informed about managerial concerns. However, this has been sporadic and cannot be considered to have been particularly effective.

This group meets weekly and all managerial issues which transcend the particular concerns of a team or individual are valid content for these meetings. Collegiality is the touchstone of this approach and considerable effort is devoted to ensuring that everyone is able to express their opinions. The essence of this approach is that all persons have the right and the obligation to exert decision-making power in order to reach the most effective decision in any particular case. It is assumed that if all persons concerned participate in the debate and there is a sharing of information that the best possible decision will be reached. In consequence of this approach the meetings of the management committee have generally been long and most issues concerning the Agency have been considered as appropriate to this forum.

This approach emerged in social agencies around 1970 as a reaction to the authoritarian forms of administrative practices which were common at the time. These attempts at broadening decision-making were thought to be intrinsically worthwhile as a better way of treating staff. They were also potentially a more rational means of operating as the information and analysis which would be brought to bear on any particular issue was more complete than in the traditional, neo-coporate, administrative model.

The role of the management committee is inherently somewhat ambiguous. If the focus for decision-making is the Board of Directors it follows that the role of management is to carry out the decisions that are made by the Board. If this is the case, then the discussions within managerial terms will be primarily concerned with technical concerns surrounding issues of implementation. The significance given by most staff to the management committee as a form for discussion seems to be premised upon an expectation that this is a primary location of decision-making. While it is important to avoid overestimating this issue it is nonetheless of some significance. The primary role for a managerial group should be the enactment of policy rather than debate. Among other considerations the management group is extremely expensive to operate and this is a substantial limitation in a situation where money is extremely scarce.

(c) Executive Director

The executive director's position in this organization is critical. This person sits at the interface between the Board and the staff and is responsible to a considerable degree for the effective functioning of both these groups. As the Board does not, for the most part, possess expert knowledge of child welfare it is important for the executive director to be able to translate complex technical issues into terms that are comprehensible to the Board in order for them to make informed decisions. The first duty of the executive director is to ensure that the Board of Directors functions properly.

Acting in the opposite direction, it is the responsibility of the executive director to ensure that the staff enact the policy which is established by the Board and ensure that the organization is appropriately administered. All personnel matters fall within his purview and he is, in the first instance, responsible for the quality of work carried out within the organization. In brief, the Agency has defined the role of the executive director in the conventional manner and consequently, within the parameters established by the Board of Directors, the executive director is accountable for all activities within the agency. The director has been responsible for the direct supervision of the team supervisors, the resource program co-ordinator, four resource co-ordinators, the director of administration and the executive secretary.

With the exception of a short period during the summer of 1987 when he was suspended and replaced by Mr. Ken Maskiw of the Department of Community Services, the executive director since the creation of NWCFS has been Mr. Tim Maloney.

(d) Administration Department

The operation of the personnel system, much of the work concerning collective bargaining, financial management and the maintenance of the data system fall under the duties of this unit. The staff are as follows: director, accounting clerk, accounts payable clerk, provincial billing clerk, legal secretary, secretary, receptionist-switchboard operator, file clerk-computer operator and "floating" team secretary.

The financial system is operated from the foundation of the basic computer work being contracted to Manitoba Health Organizations. The turnaround time for accounting work seems to be reasonably quick and there were not any reports of an inappropriate numbers of errors. However, as the office has only a small personal computer, the Agency has relatively little ability to generate its own material; in consequence NWCFS has only a rudimentary ability to plan for the future and to monitor its expenditures.

The Agency's expenditure and billing system are all operated through this unit and in consequence the administrators function as a filtration system for expenditures. As is inevitable with this type of system there are ongoing struggles between casework staff and administrative staff concerning whether an expenditure is appropriate and whether the amount is correct. Not surprisingly, this was one of the most often mentioned concerns with staff at all levels of the organization. The existing practice encourages caseworkers to press for whatever they can get for clients as they bear no responsibility for operating the financial system and the financial managers are continually in a defensive position as they attempt to restrain expenditures which may be inappropriate. Inevitably this system will lead to increasing internal hostility and a dichotomy between what is seen as adequate casework and what are seen as proper financial procedures.

(e) Resource Co-ordinators

The resource co-ordinators are all experienced staff who have been hired as a consequence of their expertise concerning a particular subject (resource development, adoptions, community development, foster care and child abuse). They are expected to assume the primary responsibility for work within their subject area and to assist the teams to carry out this work whenever possible. The resource co-ordinators have a responsibility to train other staff and this type of support is particularly important as line staff are expected to perform a range of duties.

It seems reasonable that NWCFS is sufficiently large as to be able to use this type of expertise. There is some question as to whether there is sufficient adoption work to justify a full position being devoted to adoptions; however, as the person occupying this position can assume other duties as required, this does not seem to be an issue of any great significance. An advantage of centrally structuring this work is that these staff will gain agency-wide knowledge concerning particular issues and these overviews can provide a useful counterbalance to the tendency of the teams to lose sight of the agency as a whole.

The most significant issues concerning resource co-ordinators are those of the roles of foster care and community development within this Agency.

(f) Foster Care

Foster care may well be the most difficult problem that NWCFS is facing. As foster homes are the form of care which most resembles the natural family it is, in most cases, the preferred type of care for children who have been removed from their homes. While everyone would acknowledge that there are some children, particularly those who are violent and abusive, that are inappropriate for foster placement the goal of the system remains the normalization of the child's experience.

In the past, as a consequence of reliance on the teams to deliver all services, foster care has received insufficient attention within the Agency. While line workers have been expected to develop, evaluate, train and maintain foster homes along with other duties, this has not proven to be a realistic expectation. Workers are so preoccupied with dealing with emergencies with children in need of protection that other considerations have not received sufficient attention. The fact that the resources which are specifically designated for foster care are only one full-time and four part-time positions, reflects the relatively low priority that this service has been assigned. The current lack of adequate foster homes within the catchment area of the Agency demonstrates the inadequacy of past approaches to this work.

If foster homes are not available locally then there are other difficulties that arise in consequence of this fact. Some examples of the problems are that NWCFS places large numbers of children in Motel 75 with homemakers. There are children under the age of 12 years who have been inappropriately placed with Winnipeg Receiving Resources, including one 10 year old girl who spent 6 months in a receiving home. These are solutions which are terrible for the child and also extremely expensive. There have been instances where workers have turned down foster homes that were located in rural areas because they felt the amount of travel that would be required was impractical for them and the child. In addition, this contributes significantly to the crisis mentality that dominates the lives of many workers. As there are insufficient numbers of foster homes, workers are daily presented with the necessity of placing children in less than ideal circumstances and an enormous amount of stress is generated by the worker's struggle to find a resource of any sort. A planned and precise approach to foster care would ultimately have a considerable effect upon other work in the agency by greatly reducing the time staff spend in searches that are repetitive. In effect, many staff repeat approximately the same searches that other workers have already conducted.

Additional pressures arise from the need for workers to get any home that is available. The result of this is that there is no substantive matching of the children to the families and there is considerable pressure to accept any home that may be at all adequate. This is a particular temptation when there is a relative who is willing to take the child even though they have not been evaluated as a foster home. The inevitable result of this approach is that there will be a lowered overall quality of foster homes.

NWCFS has developed two 4-bed homes for the care of children who have been removed from their families which will be run by full-time staff. They are planning to open three additional facilities of this type in the near future. This is clearly a tremendous improvement over the present situation; however, it will not obviate the need to create many additional foster homes.

The current system is almost impossible to administer because of the number of staff which are involved. Many individuals have bits of information but it is never comprehensively gathered together and analyzed. In consequence, files on foster homes are in rudimentary condition and there are many children who pass through numbers of placements. One reflection of the problem is that children are often attended by social workers and clerical staff for long periods of time while arrangements are made for them. The children have experienced sufficient trauma already without having to cope unnecessarily with unfamiliar adults.

Foster parents should be carefully evaluated and trained before a child is placed with them and any child placed should be matched with the characteristics of the home for the benefit of both the child and the foster parents. Once a foster home has been established there will be a continuing need for both training and support. A particular example that has been raised is the question of foster parents' need for knowledge concerning abused children. In addition, it is critical for foster parents to understand the financial arrangements with the agency. There is a feeling among foster parents that they have to beg for money for the children and that they are being accused of profiteering. The financial support system must operate quickly and in such a fashion that foster parents feel that they are treated with dignity. It is obvious that if foster parents feel that they are degraded, they will not continue to offer their homes to children.

In summation, it seems that foster care has been somewhat neglected within this organization, that foster parents feel that they have been treated poorly at times with regard to financial support, and that inappropriate placements have been made with some regularity. In general foster parents feel that they are treated as unthinking tools and they they are the lowest priority within the services delivered by this Agency. It was reported to the Review Team that foster parents were often not given basic information about a child, including that the child had been sexually abused.

The result of these facts has been that some foster parents have been unwilling to continue and that others in the community have been unwilling to come forward. There are currently approximately 250 children in the 123 foster homes which are available to the NWCFS with roughly half of these being native families. As there are 483 kids in care at present, this is obviously inadequate. It is instructive that both staff and foster parents agree on most of the problems that have been described here. As the workers are under pressure to ensure the basic safety of children, they may use any placement that they consider to be adequate. Once a child is placed with foster parents it is understandable that workers may consider that problem solved and direct their attention to other cases where the degree of risk may be higher.

(g) Community Development

Community development is the nexus between the dual functions of the child welfare system of protection of children and the prevention of future problems, primarily through stabalizing families who are at risk. Virtually everyone agrees that providing ever increasing amounts of treatment cannot produce a decrease in the incidence of the problems. As these problems are the consequence of the overall structure of our society, the incidence and intensity of these problems will only change in response to fundamental social change.

However, one important variable is change in the capacity of our communities to solve their own problems. The creation of a community-based child welfare system is one element of this approach. If communities are able to play an effective role with regard to these issues, then there is good reason to believe that better and more efficient mechanisms can be developed to resolve difficulties and there is the potential for an eventual decrease in the frequency of the occurrence of problems that require intervention on the part of child welfare authorities.

While one should not expect that the activities of a child welfare agency would alter the basic conditions of life in a community, this work can be productive when measured against a more modest scale. Two of the most significant therapeutic acts can be the moments when someone acts to help someone else or when they act to assume control over their own lives. These two principles provide the focus for the effective use of community work in this situation.

It follows from this argument that community work should be complementary to casework and other interventions and that the work should be as integrated as possible into the other activities of the agency.

One particularly appropriate course of action is the development of community councils. These are geographically based entities which can have an advisory and cooperative role with the team that is based in their area. These councils can provide considerable local energy and expertise and expand the roots of the Board into the community. One can imagine many activities, such as the creation of recreational programming and finding foster homes, that can be effectively carried out at this level. Once these entities are properly based in their communities it would be appropriate, as contemplated by the NWCFS bylaws, that each community council elect a person to sit as a member of the Board of Directors of the Agency.

There are, of course, a large number of other functions that allow community development to proceed and to develop in conjunction with casework services within the agency. The creation of the means to enable the operation of joint activities between this organization and others which are active in this community, such as medical services, may be a particularly useful avenue to pursue. In a situation where all organizations are experiencing financial difficulties effective cooperation is at a premium. Another possible route is the creation of self-help groups whenever this is feasible. These can vary from those having an overtly therapeutic purpose such as a group for parents of children in care to those with a functional purpose such as a group of volunteers who are prepared to provide respite care to children in foster homes.

It is evident that there is a continuing need for community development work within this agency. If this work is integrated with the other functions of the agency it will not be a drain on resources that could be spent on line workers, but will provide alternate solutions to common problems. However, this type of outcome is not automatic and will only result from the effective and co-ordinated use of staff. If community development work is not relevant to the daily problems of line staff and board members, then it will not be seen as a useful tool for the Agency. Community development workers and other staff must understand their respective roles and be clear about the purpose of the exercise so that they can co-operate effectively. In order for this to happen there must be precise planning and effective managerial direction to ensure that this work receives adequate attention. In the absence of these factors community work becomes an empty slogan.

(h) Personnel Issues

NWCFS currently operates a dual set of personnel files. Supervisors retain a set of files and there is an annual evaluation of staff members which is placed on the central file. The later is perfunctory and is only done in order to justify the person's annual increment. The files which the supervisors retain are said to be somewhat more comprehensive but the reviewers were not able to examine them as the supervisors have given the workers a commitment that this material would not be divulged to a third party. The evaluations of supervisors were not seen to be significantly more comprehensive than those for line staff. While the agency has a standard form which is used for evaluations which uses the conventional general headings for evaluation of personnel with reference to the achievement of goals, this has not made any particular impact on personnel practices. As with other non- emergency items, formal personnel evaluations have not received adequate attention.

It is important to note that Section 20.06 of the collective agreement between the Agency and the Canadian Union of Public Employees, Local 2153, states that:

> An employee shall have the right at any time to have access to her personnel file and shall have the right to initial and date all documents on file....

As this clause ensures that the employee has the right to know all contents of their file, and has the effect of determining the nature of the official file, it seems likely that any material which is not contained on the file cannot be used as a basis for disciplinary action on the part of the employer. It may be considered that if an employee is disciplined and no record is placed in the official file that the intent is to not use this occasion as a part of a system of progressive discipline. The result is an oddity in that the most comprehensive evaluative material is inaccessible when it is most needed.

Job descriptions are an additional problem within the personnel system. While job descriptions exist, they are very general and are inaccurate to some degree in most cases. It is also significant that some staff were unaware of what, exactly, was the content of their job description. If the job description does not fairly represent the work of the individual it is difficult to determine what the basis would be for evaluating the staff member's performance.

(i) Board of Directors

Child and Family Services Agencies are created by the Child and Family Services Act. Section 6(10) grants the following powers to the directors:

> Subject to this Act, the directors of an agency shall
>
> (a) exercise the powers of the agency directly or indirectly through the employees and agents of the agency; and

> (b) direct the management of the business and affairs of the agency.

Section 2 of the bylaws of NWCFS specifies the composition of the Board of Directors as follows:

> The Board of Directors shall be composed of not fewer than sixteen (16) and not greater than twenty-one (21) Directors to be drawn as follows:
>
> (a) Three (3) Directors appointed by order of the Lieutenant Government in Council;
>
> (b) Twelve (12) Directors elected by the members as follows:
>
> (i) nine (9) Directors elected from individual member nominees;
> (ii) three (3) Directors elected from "Service Provider" nominees (a "Service Provider" is defined as an organization delivering services within the territorial limits of the Agency and interested in the carrying on of the work in the best interests of children and families);
>
> (c) One (1) Director elected annually by the staff of the Agency.....
>
> (d) The sixteen (16) Directors set out above shall have the right, in their discretion, to appoint as Directors such other persons as may be appointed by the Agency as being representatives of the Resource Centres or Community Advisory Committees established by the Agency within its boundaries..... up to a total of five (5) appointees.

The composition of the Board is well designed to represent the various constituencies that are concerned with the work of the Agency and the only area which may be problematic is the appointment of persons to the Board by the Provincial Government. While there were no significant concerns raised regarding this issue during the review, these individuals may find their positions untenable if the organization is involved in protracted disputes with the government.

The current Board has 16 members and the standing committees are: the executive committee, finance committee, nominating and membership committee, personnel committee, program committee and the board review committee. The present members of the Board of Directors are as follows:

Percy Bird	Chairperson of the Program Committee
Caroline Bruyere	(Government Appointee)
Glen Cochran	(Organizational Representative)
Diane Dolski	
Jack Eyer	Secretary
Marilyn Fontaine	
Valerie Kowalski	Chairperson of Nominating & Membership Committee
Elisabeth Kunkel	Chairperson of the Personnel Committee
Vic Neufeld	(Organization Representative)
Gene Robertson	(Staff Representative)
Anneliese Serzu	(Organizational Representative)
Lesia Szwaluk	Treasurer
David Sullivan	Vice-President and Acting President, Chairperson of the Board Review Committee
Stella Teillet	(Government Appointee)
Stan Wood	(Government Appointee)
Norm Yusim	

The Board derives its authority from the province and staff, in turn, derive their authority from acting as agents of the Board of Directors. There has been considerable ambiguity concerning the boundary between what is properly the duty of the province and what matters fall within the purview of the agency. The Child and Family Services Act is reasonably clear concerning this issue as, in Section 7(1), it allocates all functions associated with the active provision of services to the agency. But since there has not been a precise agreement created between the Province and the agencies that defines their working relationship the lines of demarcation, in practice, are somewhat blurred. In lieu of any other solution, all matters revert to being the responsibility of the Minister of Community Services. This reality leaves the Board of Directors in a difficult position as it is uncertain whether they have an independent existence or whether they are merely an extension of the Provincial Government.

The Review Team interviewed eight current board members and one previous board member. They were reasonably well informed concerning the business affairs of the organization, however a number of them were somewhat unclear concerning the exact financial status of NWCFS. They all indicated that they felt a commitment to the community and considered child welfare issues to be particularly important. Some board members are involved with these issues through their employment. They have had considerable experience as members of boards for non-profit organizations and a number of them have previously held executive positions in these organizations.

They indicated that the most significant issues for NWCFS relate primarily to concerns regarding the need for more resources to deliver the Agency's services in a more effective and more comprehensive manner; and a need for NWCFS to manage their own business better. It was a common observation by these people that there was a breakdown of trust within the Agency and that the staff and the Board were mutually mistrustful and there was a recognition by them that external organizations are not confident that the Agency is able to carry out its mandate properly. The latter may seem like a statement of the obvious, however, it is a very positive perception as it is common for Boards in stressful circumstances to deny the existence of the problems and to place all of the blame upon those who are raising the questions. All of the other issues raised were derived from the central question of the need for more effective management of the Agency, including much improved functioning of the Board of Directors.

While they felt that they were sufficiently well informed to make decisions concerning the Agency after they had been on the Board for some time they agreed that the amount of work that they had to devote to this activity in order to become competent was inappropriate. Some Board members have reported spending 15-30 hours per week on NWCFS business, which is clearly excessive.

There was unanimous agreement that there is a need for considerably improved training for staff and much improved Board training. This was thought to be true both for new Board Members and for continuing training in order to improve the level of their knowledge concerning their roles as members of a Board of Directors. In particular they felt that their knowledge concerning child welfare was deficient. In addition, there was unanimity that they need to receive better information as a basis for their decision-making and they need to receive more quickly.

Recommendations

Observations

NWCFS operates in an extremely difficult environment and has established a homeostasis which is premised upon a continuing crisis. Large numbers of workers are unable to sustain this level of intensity and, in consequence, there is an extremely high level of staff turnover. In consequence, there are substantial problems with the level of knowledge that the workers possess and a subsequent need for increased training and supervision.

The ethos of collegiality that has existed within the agency has lead to a diminution of the authority of the Board. Many staff are barely aware of the existence to the Board of Directors and consider it to be irrelevant to the operation of this Agency. The primary source of identity for workers has been their team and there is little identification with the Agency as a whole. In addition the felt need for continual consultation has been a source of inefficiency as there are an excessive number of meetings to very little purpose. The management committee is the obvious prototype of this problem. The limits of the collegiality are shown by a perception on the part of the secretarial staff that the attempts to involve them in decision-making is largely formal and that it has little substance to it. It was generally felt that they were expected to attend meetings and that little was ever discussed that was relevant to their problems. In effect, the opinions of the secretarial staff concerning the behaviour of their co-workers towards them was not significantly different than in most social agencies. One may conclude that the goal of collegiality has not been achieved.

In general, it is necessary for NWCFS to reduce the level of tension that is felt by both the staff and the Board Members and to improve the operating efficiency of the organization. Collegiality and participatory management are merely empty phrases when the result is a high level of dissatisfaction among staff concerning the nature of their worklives. It is impossible for workers to produce high quality work under continuing conditions of high stress. The Agency must create a supportive environment which will ensure that workers are not isolated and that a high quality of work is carried out as the normal course of affairs.

The recommendations of this review are intended to improve the productivity of this Agency. It is taken as given that this can best be achieved by securing a high degree of participation from both staff and the community in an effective fashion.

Foster Care, Adoptions and Community Development

Foster care is a critical issue in this situation. A lack of high quality foster homes has the result of wasting large amounts of workers' time in chasing after placement facilities and also causes considerable stress as workers are always concerned that children may not be taken care of adequately.

In consequence of the above we recommend:

THAT FOSTER CARE BE GIVEN THE HIGHEST PRIORITY WITHIN THE AGENCY.

THAT THE DIRECTOR OF THE FOSTER CARE UNIT BE A FULLTIME POSITION.

THAT THE COMMUNITY DEVELOPMENT COORDINATOR AND THE ADOPTIONS CO-ORDINATOR REPORT TO THE DIRECTOR OF FOSTER CARE.

This will reduce the number of persons reporting to the executive director and will ensure that the expertise of the adoptions coordinator is available to this, the area of highest priority. It will also enable the community development work to be structurally tied to foster parents, who are potentially the most significant community participants in this organization.

> THAT THE FOUR NEW POSITIONS WHICH HAVE BEEN DESIGNATED FOR COMMUNITY WORKERS BE ASSIGNED TO WORK ON SECURING NEW FOSTER HOMES AND PROVIDING SUPPORT SERVICES TO THEM.

When an adequate number of foster homes are in place these workers may then be reassigned to use all, or part, of their time working on community development projects. In addition, as the salaries which have been assigned to these positions are somewhat low ($24,000/year) it is worthwhile to consider the viability of pooling the money and creating three positions which would be more adequately paid ($32,000/year).

> THAT THE COORDINATOR OF COMMUNITY DEVELOPMENT BE CHARGED WITH THE CREATION OF FIVE COMMUNITY COUNCILS WITHIN THE NEXT YEAR. WHEN THESE ORGANIZATIONS ARE VIABLE THEY SHOULD EACH ELECT A MEMBER TO BOARD OF DIRECTORS AS PROVIDED IN THE CONSTITUTION OF THE AGENCY.

Within the organizational model that has been chosen for this child welfare system, it is critical that there be high levels of community participation in order for the system to function properly. Community participation is not an end but rather a means to ensure that child welfare services are delivered creatively and effectively. This issue is of the first order of importance and should not be left at the bottom of the organization's list of priorities.

> THAT THE PREVENTION GRANT BE TERMINATED AND ALL OF THE MONEY BE ALLOCATED TO THE NORMAL OPERATIONS OF THE AGENCY.

Since this organization is experiencing severe financial problems there would seem to be little justification for being a source of funding for other organizations. Administering this fund has taken board members and staff away from other duties that could be more productive. In addition, this fund will inevitably be contentious and will involve the Agency in a series of disputes that mitigate against NWCFS becoming properly based within its community.

THAT THE BOARD OF DIRECTORS IMMEDIATELY SECURE THE TRAINING THAT IS NECESSARY FOR THEM TO PERFORM THEIR WORK EFFECTIVELY.

THAT TWO SENIOR POSITIONS BE CREATED FOR UNIT MANAGERS. ONE PERSON TO BE RESPONSIBLE FOR THE AMALGAMATED TEAMS A AND B; AND THE OTHER PERSON TO ASSUME RESPONSIBILITY FOR TEAMS C,D AND E.

THAT EACH OF THE TWO NEW UNITS HAVE TWO SUPERVISORS IN ADDITION TO THE UNIT MANAGERS.

THAT FINANCIAL MANAGEMENT OF CASE-SPECIFIC DECISIONS AND THE OPERATION OF A DATA SYSTEM BE DEVOLVED TO THE UNIT MANAGERS.

THAT EACH SUB-OFFICE CONTAIN NO FEWER THAN TWO CLERICAL STAFF.

It is evident from the data which is available to this review that the complexity of the work, the high turnover of the staff and the high level of stress which is involved in this work, that increased supervision of workers is essential. In addition the current financial management system which isolates caseworkers from the realities of the budget is self-defeating. The quality of decision-making at the level of day-to-day work within the teams must be improved in order for child care work to be done effectively.

The unit managers should assume responsibility for all work carried out by the unit and can play a supervisory role in addition to dealing with managerial issues. This will focus managerial resources in close proximity to the realities of the front line work of the agency. The central administration staff and the executive director would ensure accountability by scrutinizing the expenditures at the unit level.

The net result of these recommendations is that one of the original supervisory positions will have been upgraded and there will be an increase of one unit manager over the prior staff complement.

If there are at least two clerical staff per office this will allow for them to provide support for each other and they should also assume responsibility for the accounting and data collection which would be carried out at the unit level.

THAT NWCFS IMMEDIATELY CREATE A SYSTEM OF DETERMINING WORKLOAD. THIS SHOULD ENCOMPASS TIME AND MOTION DATA AS WELL AS CASE-WEIGHTING PROCEDURES.

Ideally this work should be done in conjuction with the Department of Community Services and the other Child and Family Services Agencies so that there would be a standardized system. This is described in the collateral section as well. However, in the absence of such a system the Agency must act on its own initiative so that they can gain a workable understanding of what goes on within their own organization.

THAT NWCFS IMMEDIATELY DEVELOP A DATA SYSTEM WHICH WILL PRODUCE BOTH DESCRIPTIVE AND ANALYTICAL DATA CONCERNING THE CLIENTS SERVED BY THE AGENCY.

THAT NWCFS PURCHASE COMPUTING EQUIPMENT THAT WILL PERMIT THEM TO OPERATE A COMMITTAL ACCOUNTING SYSTEM, A DATA SYSTEM AND WORD PROCESSING FOR ALL OFFICES OF THE AGENCY.

While this is a considerable expense in the short run, it will ultimately result in savings for the Agency. It is incomprehensible that a modern organization dealing with the lives of children should continue to use outmoded and ineffective machinery.

THAT THE CORE OF THE EXECUTIVE DIRECTOR'S JOB BE:

1. The supervision and evaluation of the unit managers, the executive secretary, the director of foster care, adoptions and community development, the abuse coordinator and the resource development coordinator.
2. The supervision and conduct of relations with other organizations, particularly the Provincial Government.
3. The creation and monitoring of the appropriate managerial and personnel systems, including hiring and dismissing staff.
4. The operations of the Board of Directors.

This will have the effects of reducing the number of persons reporting to the executive director to six people and raising the operation of the Board of Directors in priority. It would not be inappropriate for one half executive director's time to be devoted to ensuring that the Board is functioning properly and that the directors are adequately informed concerning the work of the Agency.

It is unfair to expect that a supervisor can perform a dual responsibility of work within a unit and also handle night duty. The promotion of a worker would permit supervision of these staff to be carried out effectively without an undue increase in cost.

> THAT A PERSONNEL SYSTEM BE IMMEDIATELY CREATED WHICH WILL ENSURE THAT STAFF ARE COMPREHENSIVELY EVALUATED NO LESS THAN EVERY SIX MONTHS AND THAT ALL EVALUATION MATERIALS BECOME PART OF THE EMPLOYEE'S PERMANENT FILE.

Staff need to know what is expected of them with considerable specificity and they have a right to know if they are not working up to an appropriate standard. If their work is problematic they should be informed of precisely what the problem is and what they can do to improve. If there are cases where staff are unable to improve their work to meet the standards of the Agency they should not be permitted to continue in their jobs.

> THAT THE MINISTER OF COMMUNITY SERVICES IMMEDIATELY ALLOCATE FUNDING TO NWCFS FOR THREE ADDITIONAL DIRECT SERVICE POSITIONS.

The existing data on workload is so poor that it is not possible to form any precise conclusions with reference to this topic. However, it is clear that the staff in Teams A and B, and to a lesser extent, Teams C and E are sufficiently overloaded and additional staff are essential. If the recommendations of this review are implemented it is likely that productivity will increase and there will be much better data concerning workloads that will allow both the Agency and the Provincial Government to make decisions concerning levels of funding in a more rational fashion than has been possible in the past.

> THAT THE PROVINCIAL GOVERNMENT ASSUME ANY ADDITIONAL STAFFING COSTS RESULTING FROM THE IMPLEMENTATION OF THESE RECOMMENDATIONS AND ALSO ENTER INTO NEGOTIATIONS WITH THE BOARD OF DIRECTORS OF NWCFS TO DETERMINE WHAT ADDITIONAL FUNDING IS REQUIRED FOR THE PURCHASING OF COMPUTER HARDWARE AND SOFTWARE.

As NWCFS is currently in a deficit position it's obvious that they cannot incur additional expenses.

> THAT THE MANAGEMENT COMMITTEE BE CHAIRED BY THE EXECUTIVE DIRECTOR AND COMPOSED OF THE UNIT MANAGERS, THE DIRECTOR OF RESOURCE DEVELOPMENT AND THE DIRECTOR OF FOSTER CARE, ADOPTIONS AND COMMUNITY DEVELOPMENT.

Five person management committee is considerably more workable than the current committee. This group must concentrate on their executive function and concentrate legislative discussions at the Board of Directors.

> THAT THE DEPARTMENT OF COMMUNITY SERVICES IMMEDIATELY ENTER NEGOTIATIONS WITH THE BOARD OF NWCFS FOR THE PURPOSE OF CREATING A COMPREHENSIVE SERVICE CONTRACT WHICH WILL DELINEATE THEIR JURISDICTIONS AND DUTIES.

A. INTAKE PROCEDURES

1. What is your agency's stated intake procedure?

2. Is the acceptance or rejection of an intake always based upon the intake policy? If no, explain.

3. Who is responsible for priorizing intakes?

4. When would a new case accepted at intake be reviewed by your supervisor?

5. In practice, how long does it take to have face-to-face client contact once an intake is accepted?

6. Does every case opened at intake contain a written assessment?

7. a) What consitutes a case plan?

   b) Is there a written case plan in all of your client client files?

8. What value do you place upon existing file information concerning a child or family with whom you are initiating contact?

B. CHILD PROTECTION

1. Under what circumstances would you apprehend a child?

2. How is the decision made to apprehend?

3. What is your most pressing resource need at this time?

4. a) Are you always able to instruct the agency's legal counsel?

b) Does your legal counsel advise against contested hearings?
If yes, how frequently?

5. a) Describe situations you have experienced in carrying out agency responsibilities which threatened your personal safety.

b) How did you handle them?

C. CASELOAD

1. What is your current caseload (in numbers)?

2. a) What is a high risk case?

b) How many high risk cases do you have?

3. How frequent is face-to-face client contact made in

   a) high risk cases?

   b) other cases?

4. a) How does generic practice work in your team?

   b) Are you satisfied with this approach?

5. Upon receiving a formal case transfer, how many days normally pass before you make the first face-to-face client contact?

6. a) How soon after client contact do you do file recording?

b) How up-to-date is your typed dictation?

c) How long does it take clerical staff to type dictation?

d) Do you keep a duplicate set of client files or parts of files outside the office?

7. a) Under what cirsumstances do you close a file?

b) What procedure is required to close a file?

8. How many hours per week do you spend

a) with clients (face-to-face and telephone)?

b) with collaterals?

c) on administrative duties?

d) in supervision?

9. a) On average, how many hours of overtime do you work per week?

b) How much "time off" in lieu of overtime have you accumulated?

D. STAFFING

1. What training in child abuse do you have?

2. What length of experience providing services to children and families do you have?

3. Thinking about your orientation to this agency, what was

    a) the length of orientation?

    b) the content of orientation?

    c) the method of orientation?

4. Are you adequately prepared and sufficiently skilled to manage your present caseload?

5. To what extent do you feel supported by

    a) your supervisor?

    b) co-workers?

c) your board?

6. How is conflict resolved

a) within your team?

b) with other teams or collaterals?

7. Are you actively looking for alternate employment at this time?

Interview Protocol, Supervisors **Name**________________________

A. Practice Issues

1. Intake:

How do you ensure that intake workers are making appropriate decision regarding accepting and rejecting new cases?

How and when do you familiarize yourself with new cass accepted at intake?

At what point is face sheet information sent for entry into the computer system?

What efforts do you make to ensure that face sheet information is completed before it is sent for entry?

2. Face-to-face contact with clients:

What is the maximum acceptable length of time between a worker's acceptance of a new case and the first face-to-face contact with that client?

Have you established a norm for minimum frequency of face-to-face contact with clients?

If no, why not.

If yes, how is this conveyed to staff? How is it monitored?

3. Recording

What instructions do you give your staff regarding the content and frequency of recording?

4. High Risk

What is your understanding of the term 'high risk case'?

How is this concept taught to and used by workers on your team?

5. Apprehension of children

What do you consider appropriate circumstances to apprehend a child?

What is your role in an apprehension situation?

Describe the kinds of case planning workers are expected to do following apprehension.

Is there a method in place for regular review of apprehensions
--on your team?

--in the agency?

If yes, describe its purpose and how it functions.

What patterns do you see regarding the number and reasons for apprehensions since you have been a supervisor at NW?

What recommendations would you make concerning the apprehension and placement of children in your area?

6. Case Planning

What constitutes a case plan on your team?

What problems do workers experience in planning?

7. Transfers

What is the standard procedure for transfer of cases
--between teams?

--between agencies?

What problems, if any, have you or your staff experienced in transferring cases?

If problems have occurred, what solutions do you recommend?

8. Case closings

What is the procedure for closing a case?

Is the procedure the same for all workers? Explain.

What do you consider to be valid reasons for closing a case?

Give some examples of recent cases workers have tried close inappropriately.

Summarize and evaluate the process your team went through as a result of the Board's directive to lower the caseload by closing cases.

Do you have any recommendations to suggest concerning case-closing policy and practices?

9. Infant Deaths

Have you read or are you familiar with the reviews resulting from infant deaths?

What changes would you/have you made as a result of findings in these reviews?

10. Standards

Do practice standards exist in this agency or on your team?

If yes -- describe and if possible show interviewer.

--what is your opinion of existing standards?

--how do workers on your team learn about the standards?

If no, describe the kinds of standards, if any, you believe are needed.

B. Staffing Issues

1. Orientation

How are new workers on your team oriented
--to the agency?

--to the team?

In your opinion, do workers require more orientation than they currently receive?

If yes, what length and content would you recommend?

2. Current staff

Evaluate the strengths and limitations of your current staff.

What additional training, if any, would you recommend for your staff?

C. Management Responsibilities

1. Role

Describe your role as a supervisor.

What changes, if any, do you think should be made in this role?

2. Training

What training do you have
--in management and supervision?

--in child abuse?

What additional training, if any, would you like to have?

3. Planning

What information do you regularly use in estimating and planning for service needs in your area?

4. Conflict

What methods do you use to resolve conflict and differences of opinion among team members and/or between members and others?

5. Management Structure

What is your role in the management structure?

What changes in this role, if any, would you find helpful?

D. Additional comments

DATA COLLECTION SHEET

Child File

1. Age in Years ____________________
2. Date of Apprehension ____________________
3. Date of Discharge ____________________
4. Number of Previous Apprehensions ____________________
5. Reason for Apprehension

____
____
____

6. Reason for Discharge

____
____
____

7. Worker ____

Family File

1. Case Plan on File?

No__________
Yes__________

2. If Yes, Adequacy of Plan to Protect Child?

-1__________
0__________
+1__________

3. Child at Risk?

Yes__________
No__________
Uncertain__________

4. Worker ____

BOARD MEMBER

NAME: ______________________________

INTERVIEWER: ______________________________

DATE: ______________________________

How long have you been a member of this Board? What category of Board member?

Have you been a member of one or more Boards of non-profit organizations previously? (List and time estimate).

Did you hold an executive position in any of these organizations? (Specify).

Why did you become a member of this Board?

Do you intend to continue as a member of this Board?

Do you have any previous experience in, or knowledge of, child welfare?

What is the current financial status of NWCFS?

What are the most important issues for NWCFS in the next year?

What are the roles of the Board, the Executive Director and the staff in this organization?

Would you like to see any major changes to the roles of the Board, the Executive Director and the staff in this organization?

What could be done to assist you to be more effective as a Board member?

What changes (could) (should) be brought about in order for this agency to be better able to do its work in the community?

Do you think that you are sufficiently well informed to make the decisions that are required of a Board Member of this agency?

Is this Board representative of the community in this area?

Q / Team	Question 1			Question 2			Question 3			Question 4			Question 5		
	-1	0	+1	-1	0	+1	-1	0	+1	-1	0	+1	-1	0	+1
A		5	1	1	5			5	1		6			3	3
B		6		3	3	1	4	2	1		7		1	4	2
C		3	4		6	1	2	3	2		7			3	4
D		4	3		6	1	2	4	2		7			6	1
E		4	3	1	3	2		2	4		6			4	2
NIGHT DUTY AND RESOURCE	3	5	1	2	3	4	2	7		1	8		3	6	

Q Team	Question 6			Question 7			Question 8			Question 9			Question 10		
	-1	0	+1	-1	0	+1	-1	0	+1	-1	0	+1	-1	0	+1
A	2	2	2	1	4	1	1	3	2		4	2		4	2
B	3	3	1	1	2	4		7		1	3	3	4	1	2
C	1	4	2		4	3	2	2	3		4	3	1	3	3
D	1	4	2		1	6		5	2		4	3	2	3	2
E	1	3	2	4	1	1	2	3	1	1	3	2	2	3	1
NIGHT DUTY AND RESOURCE	3	3	3	5	2	2	3	4	2	3	5	1	3	3	3

Q / Team	Question 11			Question 12			Question 13			Question 14			Question 15		
	-1	0	+1	-1	0	+1	-1	0	+1	-1	0	+1	-1	0	+1
A		3	3	1	4	1	2	3	1	5			2	3	
B	6	1		2	3	2	2	3	2	4	3		4	2	1
C	4	3			5	2	1	1	5	3	4		2	3	1
D	3	3	1	1	6		2	5		5	2		2	4	1
E	3	3		1	2	3		1	5	3	3		1	3	2
NIGHT DUTY AND RESOURCE	6	3		3	6		5	2	2	8	1		2	6	1

Q / Team	Question 16			Question 17			Question 18			Question 19			Question 20		
	-1	0	+1	-1	0	+1	-1	0	+1	-1	0	+1	-1	0	+1
A	6				3	3		2	3	4	2		2	3	1
B	5	1	1	3	3	2	3	1	3	5	1		3	3	
C	7			2	3	2		3	4	7				6	1
D	6	1		2	3	2		1	6	3	3	1	3	2	2
E	2	4		1	3	2	1	1	4	2	4		1	4	1
NIGHT DUTY AND RESOURCE	9			3	4	2	4	2	3	8		1	5	4	

Q Team	Question 21		
	-1	0	+1
A	1	2	3
B	1	3	2
C	1	3	3
D	2	3	2
E		2	4
NIGHT DUTY AND RESOURCE	2	4	2

Northwest Child and Family Services Agency

1386 Main St. Winnipeg, Manitoba, Canada R2W 3V1 Phone: (204) 945-5130

MEMO

TO: All Staff

FROM: Tim Maloney, Executive Director

RE: Interim Agency Policy on Caseload Management

DATE: November 28, 1985

The Board recognizes that the present caseload size and the accompanying workload far exceeds anticipated levels and may impede the agency in meeting its objectives of providing a quality, community based service. Hence, the Board is committed to vigorously pursuing an increased level of financial support from the Provincial Government. The 1986-87 preliminary budget estimate contained a request for six additional social work positions. However, given the current fiscal restraint situation with the Provincial Government and the numerous competing demands for additional expenditures within the agency, a significant change in staffing may not be possible. Therefore, it is incumbent on all of us to "manage" the caseload problem if we are to meet our service objectives.

At Management Team meetings, at Board Meetings, at Board Committee Meetings and at the Board/Staff Workshop the caseload/workload problem has been assessed and reassessed. Each group has struggled with the workload problem and found many contributing factors. It is the consensus of all groups that the target factor is the caseload size. It has to be reduced.

To reduce the size of caseloads in the absence of additional social work positions is difficult at best. However, after numerous discussions on the problem the following interim policy has been developed. It is to be implemented immediately. This policy will be reviewed in July 1986.

INTERIM POLICY ON CASELOAD MANAGEMENT
To Be Reviewed in July 1986

1. The community, including the major referral sources to our agency (the schools, public health, day care centers, other social service agencies etc.) will be advised through our Newsletter, by letter, and through our staff that Northwest Child and Family Services AGency has exceeded its capacity to meet all of the service requests. Our major sources of referral will be asked to be selective in making referrals to us. We will ask them to refer only those cases in which there is a child protection concern, i.e. child abuse, child neglect, an out of control child requiring placement etc. We will ask them to try and refer the other cases to other "helpers" in the community i.e. financial need cases, school problems, marital problems, custody matters, probation, discipline problems etc.

2. An agency intake policy and procedure will be prepared. In the interim social workers performing intake duties will be asked to responsibly refer cases to other "helpers" in the community whenever possible. This will be documented on the agency's "Intake Referral Form". Of course, we will continue to fulfill that part of our child welfare mandate requiring us to accept all cases with child protection concerns.

3. Before any case is formally "opened" by our agency it must be reviewed and approved for opening by the Team Leader of the service team that will carry the case.

4. Whenever possible, the assignment of new cases will take place at the weekly Team Meeting. Such assignments will enable the input of all Team Members. In determining who is in the best position to take responsibility for carrying a new case all factors should be taken into account, including the strengths and expertise of particular team members. It is anticipated that gradually all team members should have a well rounded experience in handling the various types of cases.

5. Upon the assignment of a new case, within 30 days, a written plan with an assessment of the presenting problems and with time limited goals must be completed.

6. All open cases shall be reviewed in January 1986 and in July 1986. Prior to the review by the team leaders each social worker shall ensure that there is an up to date brief written plan in the file. The plan shall include a brief summary of the case, problems outstanding, and if there is a recommendation to keep the case open, ther shall be time limited goals established.

7. Team Leaders will discuss workload problems with their teams on a regular basis. Case weighting will be exercised to ensure that there is an equitable distribution of the workload. Specific problems are to be documented in writing and forwarded to the Executive Director for assessment by the Management Team and/or Board of Directors.

The Board and Management appreciates that the staff has made a great effort to extend themselves to meet the needs of clients within the community. We hope that by working together within the boundaries of this interim policy some of the strain will be eased.

TM/cas

NORTHWEST CHILD AND FAMILY SERVICES AGENCY

Board Approved October 20, 1986.

INTAKE

Policy

Under the terms of the new Child and Family Services Act, Northwest Child and Family Services has an obligation to provide some services to its geographically defined catchment area and the opportunity to provide many more services to this constituency. However, for the sake of clarity both within the agency and without, and, more importantly, for the survival of the agency in the face of an unending demand for service an attempt must be made to clarify which cases the agency will accept and, correspondingly, which cases the agency will not accept.

Intake inquiries to this agency, that is, calls for service which are case specific and refer to a specific family or to a particular child or children, can best be represented as standing somewhere along a continuum. At the far end of the scale are those cases which this agency simply must acknowledge and accept for service. At the other end of the scale stand those which are wholly inappropriate. Somewhere in the middle, and this represents the majority of cases and the most difficult to define, are those cases which may be appropriate for this agency.

1. At the far end of the continuum are those cases where service or placement is required by law. In these cases there is little disagreement between the agency and the referring agent that Northwest Child and Family Services must become involved and, at the very least, assess the situation. In this first and most serious category are those cases where a child is at risk and where there is evidence of neglect and/or abuse. Situations where a child lacks an available guardian and/or is living with a guardian in a dangerous or substandard environment require follow up. Cases where there is evidence of child physical or sexual abuse demand agency involvement and follow up. Where placement is required ongoing agency service is mandatory.

Also, in this first broad category, are those cases where service is required although placement is not usually involved. Cases which involve pregnant teenagers must be accepted and assessed. Inquiries to provide foster care, to adopt or to provide a post adoption service merit at least an assessment. In these cases the agency is required to open and at least assess the situation.

2. Moving along the continuum to the great gray area in the middle are those cases which may or may not require agency involvement. Most of these cases involve child neglect or child abuse but here the issues are less clear, many factors need to be considered and the need for placement is not so obvious. The agency is obliged to investigate teh allegations but placement and indeed service may not be required.

Many of these cases are referred by families who feel that placement is required, by other agencies who feel that placement is the onlyoption or by private citizens who are concerned that a family is not meeting some community standard in the care they are providing their children.

Agency workers though must decide whether placement is appropriate. Families and other referral services must understand that the family must be maintained and other referral services must understand that the family must be maintained if at all possible and that all efforts to maintain the family as a unit must be exhausted before placement and service through Northwest Child and Family Services will be considered. Again the agency must respond to these requests but the agency also must make the final decision as to whether placement or indeed service is appropriate.

Some of the cases are particularly difficult to judge for the referral source will often argue that unless the agency becomes active now further and more drastic intervention will be required at a later date. Cases of this sort might include the parent who is asking for help with their unruly teenager, the single parent seeking help with her small child and even the young couple without children but asking for help with family planning. Again, the agency must respond to these inquiries and assess the sitution but generally speaking these cases are not opened to the agency but instead are referred to other community helpers. The agency will not accept cases where other agencies exist who are better equipped to provide service.

3. At the other end of the continuum are those cases which are wholly inappropriate for service. These include those families which do not reside with Northwest's geographically defined area, those families where the safety and well being of the child (ren) is (are) not at issue and those families who do not have children unless they are applying to foster or to adopt.

Generally while there is agreement about these cases which fall at either end of the continuun it is the middle ground which is most unclear and which causes the most confusion. In this regard several points must be made which, if not clarifying the issue may at least identify the reasons for the confusion. First, the Child and Family Services Act is an extremely vague document which allows for considerable interpretation. What is child neglect and abuse to one person is often not the same to the next person. Secondly, as a mandated agency Northwest Child and Family Services (and all other Child and Family Service agencies) has only a limited ability to control its intake. Thus as times of high stress acceptable cases are defined in a fairly narrow way; at times of less stress the agency may accept a broader range of problems. Ultimately the final decision as to whether cases should be opened must rest with the agency, the unit and the worker. As a result, perhaps the best way to identify an open case is to develop a consistent intake response but to recognize that the type of cases which will be referred along a continuum and that the point at which the agency will intervene will vary between individuals and over time.

Process

When an intake call is received the intake worker shall:

1. Whether accepting a referral over the phone, in a personal interview or via a written report secure the following:

a) Sufficient identifying data about the persons involved.
b) A brief diescription of the situation which has prompted the referral.
c) The reporting person's evaluation of the seriousness of the situation.
d) The degree of responsibility, if any, which the reporting person is willing to assume.
e) Agreement between the referral source and the intake worker as to the next step.

2. Complete two copies of the Family Informtion Sheet (attached) noting particularly the family name, the mother's name, the names and ages of all the children, the family's address and one copy of the Intake Opening Summary (attached). Note that all referrals must be recorded and if not opened for ongoing service at least opened and closed on intake and filed with the computer informaton system.

3. Check with the Child and Family Service system to determine if the case is active. If the case is active with another agency or worker it should be referred immediately to that individual. If the case is not active then the worker should proceed to step No. 4.

4. Check with Child and Family Support to determine if an old file exists. If case is brand new to the system a new file must be opened. If the case is closed, the old file must be recalled and copies for Northwest Child and Family Services use. The old file then must be returned to Child and Family Support. The new/old file which will begin with the old dictation and will include the current dictation will be the property of Northwest Child and Family Services.

5. In consultation with the team manager and/or team determine the credibility of the information on hand and the need for the involvement of the agency. The agency may decide to open the case for ongoing involvement, refer the case to another agency or decline to become involved. In the latter two instances the file should be recorded, opened and closed.

6. If the file is to be followed by Northwest Child and Family Services, worker should develop a case plan. If file is to be closed and referred elsewhere, workers must be familiar with area resources and make certain that they are making appropriate referrals. In addition, workers should try, if at all possible, to ensure that the referral to the other agency is followed up by that collateral agency.

... /4

Some Other Points

- All inquires which reflect a child welfare concern should be recorded on the Family Information Sheet and Intake Summary Sheet.

- If the referral is received from the client himself/herself, the worker should endeavour to first meet with all members of the family before deciding upon action except in some cases involving abuse.

- If the referral is forwarded by another professional and is of a non-emergency nature, the worker should request that the referral be made in writing.

- If the referral is received from a private citizen, the worker may assure the caller of anonymity but should make judgement about the referral sources's interest in the case.

- If at all possible, the worker should report back to the referral source.

- If in the course of the intervention, the worker discovers that another agency is involved, consultation with that other agency is always appropriate as it may avoid duplication of service.

MILY NAME: ______________________ FILE NUMBER: ______________________ DATE OPENED: / /

SIGNED WORKER: ______________________ # ______________ UNIT: __________ FIRST CONTACT: / /

SE TYPE: 1-NEW ☐ 2-REOPEN ☐ REFERRAL TIME: 1-REGULAR HOURS ☐ 2-EMERGENCY SERVICE HOURS ☐

MALE
EAD
OF
USEHOLD
IVING
N HOME
(ONLY)

RELATIONSHIP	Mother ☐ Wife ☐ GM ☐ Other ☐
DECEASED	Yes ☐
NAME-LEGAL	
MAIDEN	
GIVEN	
ADDRESS	
POSTAL CODE	
PHONE-HOME	
BUSINESS	
BIRTHDATE	
MARITAL STATUS	1-Never Married 2-Widowed 3-Legal Sep. 4-Divorced 5-Sep. 6-C.L. 7-Married 0-N.K.
RACE	1-Status Ind. Band ______ 2-Non-Status # ______ 3-Metis 4-Other 0-N.K. 5-Caut.

MALE
HEAD
OF
HOUSEHOLD
(LIVING
IN HOME
ONLY)

RELATIONSHIP	Father ☐ Husband ☐ GF ☐ Other ☐
DECEASED	Yes ☐
NAME-LEGAL	
GIVEN	
ADDRESS	
POSTAL CODE	
PHONE-HOME	
BUSINESS	
BIRTHDATE	
MARITAL STATUS	1-Never Married 2-Widowed 3-Legal Sep. 4-Divorced 5-Sep. 6-C.L. 7-Married 0-N.K.
RACE	1-Status Ind. Band ______ 2-Non-Status # ______ 3-Metis 4-Other 0-N.K. 5-Cauc.

ILD'S SURNAME	GIVEN NAME	SEX	BIRTHDATE	WHEREABOUTS
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

NIFICANT OTHERS

ME	ADDRESS	RELATIONSHIP	PHONE

MENTS ____

MILY INCOME: 1-Employment ☐ 2-City Welfare/ Mun. Ass't ☐ 3-Provincial Welfare ☐ 4-UIC ☐ 5-Pension ☐ 6-None ☐ 7-Other ☐

URCE OF REFERRAL:

- Self........................ ☐
- Children's Centre, Hospital.... ☐
- School........................ ☐
- Family Court.................. ☐
- Other Child Welfare Agency..... ☐
- Day Care Services............. ☐
- Child Guidance Clinic......... ☐
- Klinic........................ ☐
- 2-Family...................... ☐
- 5-Other Hospital.............. ☐
- 8-Police...................... ☐
- 11-Family Services of Winnipeg...... ☐
- 14-Provincial Social Services....... ☐
- 17-Special Education Program........ ☐
- 20-MYC........................ ☐
- 23-Mt. Carmel.................. ☐
- 3-Private Citizen.............. ☐
- 6-Private Physician............ ☐
- 9-Probation Services........... ☐
- 12-Public Health Services...... ☐
- 15-City Social Services........ ☐
- 18-Alcohol or Drug Resource.... ☐
- 21-Seven Oaks.................. ☐
- 24-Anonymous................... ☐
- Other, Specify................. ☐

SON FOR REFERRAL (AS SEEN BY SOURCE OF REFERRAL)

- Abandonment.................. ☐
- ical Neglect................. ☐
- ent Involuntarily Absent... ☐
- eged Delinquency Via JDA... ☐
- Mental Retardation Service.... ☐
- Child Orphaned............... ☐
- Homemaker Service Request..... ☐
- 2-Physical Neglect............ ☐
- 5-Parent Unwilling to Care.... ☐
- 8-Parent Incarcerated......... ☐
- 11-Child Runs Away From Home....... ☐
- 14-Physical Abuse............. ☐
- 17-Repatriation............... ☐
- 20-Special Mental/Phys. Service.... ☐
- 3-Emotional Neglect........... ☐
- 6-Parent Unable to Care....... ☐
- 9-Failure of Child to Thrive....... ☐
- 12-Need for Perinal Service....... ☐
- 15-Sexual Abuse............... ☐
- 18-Placement Request.......... ☐
- 21-Service to Another Agency....... ☐
- Other, Specify................ ☐

NTIFIED PROBLEMS

- Alcoholism.................... ☐
- Physical Handicap (Parent).... ☐
- 2-Drugs (Parent).............. ☐
- 5-Lack of Community Resources..... ☐
- 3-Mental Illness (Parent)..... ☐
- 6-Hospitalization (Parent).... ☐
- 9-Other, Specify.............. ☐

FAMILY NAME:__________________________________FILE NUMBER:____________________DATE OPENED:____/____/____

SERVICES PROVIDED

1-INFORMATION.................. ☐	2-ASSESSMENT.......................... ☐	3-CRISIS INTERVENTION.......... ☐
4-HOMEMAKER/PARENT AIDE....... ☐	5-PARENT COUNSELLING............ ☐	6-FAMILY COUNSELLING........... ☐
7-CHILD COUNSELLING........... ☐	8-EMERGENCY FUNDS................ ☐	9-REPATRIATION.................. ☐
10-PROTECTION WITH PLACEMENT... ☐	11-PROTECTION WITHOUT PLACEMENT ☐	12-SERVICE TO OTHER AGENCY...... ☐

13-OTHER, SPECIFY____ ☐

REASON FOR CLOSING CASE

1-FAMILY MOVED OUT OF AREA....................... ☐	2-CHILDREN REACHED AGE OF MAJORITY.............. ☐
3-PROBLEMS RESOLVED.............................. ☐	4-REFERRED TO ANOTHER AGENCY.................... ☐
5-TRANSFERRED TO ANOTHER AGENCY.................. ☐	6-PERMANENT ORDER FOR CHILDREN.................. ☐
7-VOLUNTARY SURRENDER OF GUARDIANSHIP............ ☐	8-PRIVATE PLACEMENT FOR ADOPTION................ ☐
9-TRANSFER OF GUARDIANSHIP OR CUSTODY............ ☐	10-SERVICE NOT REQUIRED......................... ☐
11-VOLUNTARY SERVICE NOT ACCEPTED................ ☐	12-OTHER, SPECIFY__________________________ ☐

CASE CLOSED ON INTAKE: 1-YES ☐ 2-NO ☐

DATE CASE CLOSED:____/____/____

OVER

INTAKE OPENING SUMMARY

Date: ____________________

Family Name: ____________________

File Number: ____________________

☐ Case referred to current worker
☐ New file required
☐ Old file ordered (C&F Support)
☐ Old file ordered (NWC&FS)
☐ Old file ordered (other C&FS)
☐ Abuse Registry checked

SOURCE OF REFERRAL: ____________________

PRESENTING PROBLEM: ____________________

HISTORY: ____________________

COMMENTS AND RECOMMENDATIONS: ____________________

CASE DISPOSITION: ☐ Assigned to: ____________________
☐ Closed
Referred to/Date : ____________________
Reason for Referral: ____________________

N/D/INTAKE WORKER: ____________________

ADMINISTRATION CHECKLIST
☐ F.I.S. Completed
☐ Legal Department notified
☐ Child in Care sheet completed
☐ Foster Home Department notified
☐ In Home Support notified
☐ Worker at risk

This sheet is green:

CHILD CARE INSTRUCTION SHEET

Manitoba Community Services

Date: ____________ YY MM DD

Child's Name: ____________ Sex: ____ Birth Date: ________ Birth Place: ____________ Band Name: ________ R.I. #: ______

Apprehending Agency ☐
Guardian Agency ☐ ____________

File #: ____________ Cross Ref. File #: ____________

ACTIVITIES

- New Admission ☐
- Readmission ☐
- Transfer of Supervision ☐
- Discharge ☐
- Change of Placement ☐
- Change of Status ☐
- Change of Guardianship ☐
- Change of Rate ☐
- Change of Worker ☐

STATUS

	from	to
Apprehension	☐	☐
Temporary Ward	☐	☐
Permanent Ward (Court)	☐	☐
Permanent Ward (VSG)	☐	☐
Temporary Contract Pl.	☐	☐
Juv. Del. Non-Ward	☐	☐
M.R. Non-Ward	☐	☐
Other ________ (specify)	☐	☐

TRANSFER

From Agency ________ To Agency ________

PLACEMENT

	from	to
Non-Care	☐	☐
Foster Home	☐	☐
Special Rate Foster Home	☐	☐
Private Group Home	☐	☐
Own Agency Group Home	☐	☐
Own Agency Receiving Home	☐	☐
Emergency/Shelter Facility	☐	☐
Private Inst'n (Man.)	☐	☐
Private Inst'n (O. of P.)	☐	☐
Other Pay Care	☐	☐
Selected Adoption Prob'n	☐	☐
Public Inst'n (Non-Pay Care)	☐	☐
Other Non-Pay Care	☐	☐

EFFECTIVE DATE: ________ YY/MM/DD **COURT/EXPIRY DATE:** ________ YY/MM/DD

Changed From Care ☐ Non-Care ☐ Name ____________ Address ____________
Changed To Care ☐ Non-Care ☐ Name ____________ Address ____________

Rate: Regular ☐ Special ☐ Free ☐ Board ________ Clothing ________ Spending Money ________

On Admissions: Health History Obtained ☐ Unavailable ☐ Enrol ☐ MHSC ☐ No. ______ Special (Family) Allow ☐
Known To Have Been Adopted ☐ Cancel ☐ SAHS ☐ No. ______ Birth Certificate ☐

Instructions: ____

____

____

____

On ALL Admissions and Discharges (except Adoptions), Show:

Father's Name ____________ Address ____________ M.H.S.C. # ________

Mother's Name ____________ Maiden Name ____________ Address ____________ M.H.S.C. # ________

Reason for Admission, Readmission, Transfer In:

Protective Guardianship
- a) Abandoned/Deserted ☐
- b) Inadequate Care ☐
- c) Child Endangered by Parent or Guardian ☐
- d) Child Beyond Control of Parents ☐
- e) Child Injurious to Self or Others ☐
- f) Child of Unmarried Parents ☐
- g) Unprovided Health Treatment ☐

- Voluntary Surrender of Guardianship ☐
- Temporary Contract Placement ☐
- Juvenile Delinquent Non-Ward ☐
- Mental Retardation Committal Order ☐
- Transfer In for Purposes Other than Adoption Placement Man. Agency ☐ Out of Prov. ☐
- Transfer In for Purposes of Adopt. Plcmt. Man. ☐ Out of Prov. ☐
- Other (specify) ________ ☐

Reason for Transfer Out, Discharge:

- Returned to Parents ☐
- Order of Adoption ☐
- Age of Majority ☐
- Transfer Out for Purposes Other Than Adoption Placement Man. Agency ☐ Out of Prov. ☐
- Transfer Out for Purposes of Adoption Placement Man. Agency ☐ Out of Prov. ☐
- Other (specify) ________ ☐

____

CHANGE OF WORKER: From ____________ To ____________ WORKER'S SIGNATURE ____________

MG 2738 4/87

SUPERVISOR'S SIGNATURE

DRAFT

January 5, 1987

THE CHILDREN'S HOME OF WINNIPEG EMERGENCY RECEPTION SERVICES

Protocol for Admission, Planning and Decision-Making

INTRODUCTION:

The Children's Home of Winnipeg Emergency Services Program has been developed in conjunction with NorthWest Child and Family Services to meet Emergency Reception needs, and to ensure prompt and adequate case planning. The orientation is systemic meaning that a child and families' presenting difficulties are viewed within the context of the family and all other systems which may impact upon it. Thus, interventions begin at the point of initial contact with a child and family; and set the stage for a productive outcome. Crucial, therefore, to the program is a protocol which allows for prompt and collaborative intervention on the part of NorthWest Child and Family Services and The Children's Home of Winnipeg staff.

The program reflects an emphasis on the family as the agent which is best suited to support and nurture the development of its members. A child has a primary and essential right to his or her family. It follows as a service principle that this resource must be addressed, supported, and when required, assisted with problem resolution and positive change. The community, defined as including the neighbourhood, school, church, recreational facilities, as well as one's ethno-cultural heritage, is also recognized as an integral resource for children and their families. Both assessment and service should be provided in such a manner that is least disruptive to the geographical and cultural community. Within the context of family and community, evaluation of individual variables are also necessary for meeting psychological, educational, cultural, and medical needs.

PURPOSE:

1) to provide 8 beds for children and adolescents from NorthWest Child and Family Services in need of temporary shelter and case planning.

2) to provide professional staff to assist in the assessment, program/planning and placement for these children.

3) to provide, where possible, access to other services and programs operated by The Children's Home of Winnipeg.

4) to provide consultation regarding referral to appropriate resources.

PROGRAM:

Two, 4-bed units will be staffed by professional parents with childcare support. One unit will be for girls; one unit will be for boys.

All children in need of temporary shelter and initial case planning can be considered for admission. Seven Oaks Centre will continue to be used for: a) clients who need a secure setting, and b) clients whose behaviour is such that intense shift staffing is required. The Emergency Service Units will be supervised by a Children's Home of Winnipeg Case Manager who will have primary responsibility for assessment and program planning. The Case Manager will work conjointly with NorthWest Child and Family Services staff, but will report administratively to the Director of Clinical Services of The Children's Home of Winnipeg.

PROTOCOL:

1) Admission:

Children admitted to The Children's Home of Winnipeg Emergency Care facilities must be accompanied by a duly authorized staff of NorthWest Child and Family Services. To the extent that information is available, such staff should provide legal name, preferred name, birthdate, parents' names and address, names and addresses of relevant other, reason for admission, medical history, medications and reasons for each medication. To determine if space is available, Child and Family Services workers or night duty staff should contact the facilities directly.

2) Information Gathering and Initial Planning: (Day 1-2).

Within 24 - 48 hrs. of admission, the NorthWest Child and Family Services social worker will contact The Children's Home of Winnipeg Case Manager to determine what information regarding the client is needed for planning purposes (i.e., social history, family assessment, school reports), and how it will be obtained. Normally, the social history will be completed by the NorthWest Child and Family Services worker. Preferably, interviews with family will take place conjointly with The Children's Home of Winnipeg and NorthWest Child and Family Services staff.

During this assessment phase, plans may be made with the family, the Child and Family Services worker, and the Emergency Services Case Manager to return a child home, or immediately refer to a particular program or service. In other words, the initial assessment interviews may facilitate a beginning intervention. The assessment should address familial and community issues, as well as psychological, educational, medical and cultural needs of the individual child.

3) Planning Conference (Within 10 days of admission):

If, as a result of the initial assessment and planning interviews, a plan has not been implemented, a formal planning conference will be held. In attendance at the conference will be: The Child and Family Services worker; The Children's Home of Winnipeg Case Manager; Professional Parent(s); family; client; other relevant personnel (e.g., Family Services worker, homemaker, etc.). The goal of the conference will be to establish case plans, time lines, and areas of responsibility for the client, family, and social services staff.

4) Case Review Conference (Within 30 days):

Within a month of the child's original placement date, it is presumed that the majority of placements to Emergency Shelter will have been resolved by way of the child's discharge from the program. In the event that this is not the case, a review conference will be held (and thereafter monthly) to ensure that all measures have been taken to enhance the likelihood of the child's imminent placement in another situation.

ADDENDUM A

Role and Responsibilities of NorthWest Child and Family Services Worker

1) The NorthWest Child and Family Services worker has ultimate responsibility for the clients in care.

2) The NorthWest Child and Family Services worker will be the ongoing contact for the child and family.

3) The NorthWest Child and Family Services worker or designate will accompany the child to the Emergency Reception facility.

4) The NorthWest Child and Family Services worker will inform the family of appropriate details about emergency placement, and will inform the family that they will be expected to attend an interview and planning conference.

5) The NorthWest Child and Family Services worker will attend all scheduled conferences and meetings.

Roles and Responsibilities of The Children's Home of Winnipeg Case Manager

1) The Children's Home of Winnipeg Case Manager will be responsibile for organizing all conferences as per the protocol.

2) The Children's Home of Winnipeg Case Manager will be responsible for organizing the gathering of information with the NorthWest Child and Family Services worker.

3) The Children's Home of Winnipeg Case Manager will ensure that regular progress reports are forwarded to NorthWest Child and Family Services.

4) The Children's Home of Winnipeg Case Manager will organize referral material for placement, ongoing treatment, and formal assessments in conjunction with NorthWest Child and Family Services worker. The Children's Home of Winnipeg Case Manager will take the main responsibility for the writing of any special proposals.

5) The Children's Home of Winnipeg Case Manager will liaise with the services and programs in The Children's Home of Winnipeg which may be suitable resources for a child, and will make referrals to same.

6) The Children's Home of Winnipeg Case Manager will be the immediate supervisor of the Professional Parents and the Childcare Workers.

ADDENDUM B

1) A report may be directed to the Executive of the respective placing Agency at any time during a child's placement especially in instances where the requirements of this protocol are not strictly adhered to.

2) If the planning process is obscured by lack of agreement between the NortWest Child and Family Services and The Children's Home of Winnipeg Case Manager as to suitable direction, the staff members of the two respective agencies will consult immediately with their respective supervisors. Should agreement not be reached at the supervisory level, NorthWest Child and Family Services has the option of discharging the child from The Children's Home of Winnipeg Emergency Reception Services Program.

CHILD ABUSE RISK INDEX*

CHILD'S PROFILE: AGE LESS THAN TWO YEARS

1.	History of abuse	no history	0
		uncertain	1
		previous incident(s)	2
2.	Child Previously/ Currently in Care	no	0
		uncertain	1
		yes	2
3.	Congenital defects	no history	0
		single system	1
		multiple systems	2
4.	Prenatal Risk	low	0
		uncertain	1
		high	2
5.	Birth Weight	> 2500 grams	0
		1500-2500 grams	1
		< 1500 grams	2
6.	Child Difficult to Handle	no	0
		uncertain	1
		yes	2
7.	Failure to Thrive	no	0
		uncertain	1
		yes	2
8.	Frequent Hospital Admissions	no	0
		uncertain	1
		yes	2

SUB-TOTAL ________

CHILD'S PROFILE: AGE TWO TO FIVE YEARS

1.	History of abuse	no history	0
		uncertain	1
		previous incident(s)	2
2.	Child Previously/ Currently in Care	no	0
		uncertain	1
		yes	2

*Use one complete form per child

3.	Congenital defects	no history	0
		single system	1
		multiple systems	2
4.	Evidence of Neglect	no	0
		uncertain	1
		yes	2
5.	Evidence of Regressive Behaviour	no	0
		uncertain	1
		yes	2
6.	Seductive/Sexual Behaviour or Language	no	0
		uncertain	1
		yes	2
7.	Discomfort in Genital Area	no	0
		uncertain	1
		yes	2
8.	Passivity in Relationships with Adults	no	0
		uncertain	1
		yes	2

SUB-TOTAL ________

CHILD'S PROFILE: AGE SIX TO ELEVEN YEARS

1.	History of abuse	no history	0
		uncertain	1
		previous incident(s)	2
2.	Child Previously/ Currently in Care	no	0
		uncertain	1
		yes	2
3.	Congenital defects	no history	0
		single system	1
		multiple systems	2
4.	Lacks Knowledge of Sexual Abuse	no	0
		uncertain	1
		yes	2
5.	Emotionally Insecure	no	0
		uncertain	1
		yes	2
6.	Fears Being Touched by Adult	no	0
		uncertain	1
		yes	2

7.	Self-destructive	no	0
		uncertain	1
		yes	2
8.	Excessive Concern for Parental Needs	no	0
		uncertain	1
		yes	2

SUB-TOTAL _______

CHILD'S PROFILE: AGE TWELVE AND OLDER

1.	History of abuse	no history	0
		uncertain	1
		previous incident(s)	2
2.	Child Previously/ Currently in Care	no	0
		uncertain	1
		yes	2
3.	Congenital defects	no history	0
		single system	1
		multiple systems	2
4.	Substance Abuse	no	0
		uncertain	1
		yes	2
5.	Running Away	no	0
		uncertain	1
		yes	2
6.	Criminal Conviction (Y.O.A./C.C.C.)	no	0
		1	1
		2 or more	2
7.	Sexual Acting Out	no	0
		uncertain	1
		yes	2
8.	Suicide Ideation or Attempt(s)	no	0
		uncertain	1
		yes	2

SUB-TOTAL _______

PARENT(S) PROFILE:

			F *	M
9.	History of Abuse (victim/perpetrator)	no history	0	0
		suspected/unproven	1	1
		suspected/proven	2	2
10.	Protection	able to protect child	0	0
		unable to protect child	1	1
		unwilling to protect child	2	2
11.	Happiness	satisfied with self	0	0
		low self-esteem	1	1
		depressed	2	2
12.	Parenting practices	consistent/caring/nurturing	0	0
		inconsistent/unrealistic	1	1
		authoritarian/use of force	2	2
13.	Diagnosed Psychopathology	no	0	0
		uncertain	1	1
		yes	2	2
14.	Substance Abuse	no	0	0
		occasional	1	1
		chronic	2	2
15.	Step-father/Adoptive Father	no		0
		uncertain		1
		yes		2

SUB-TOTAL: ___ ___

(take higher score)

* F=female, M=male

FAMILY'S PSYCHO-SOCIAL SITUATION:

16.	Financial Stress	no	0
		uncertain	1
		yes	2
17.	Isolation	supportive family/friends	0
		no kinship/friendship network	1
		network dysfunctional/dangerous	2

18. Distress	able to cope with stress	0
	can cope with assistance	1
	unable to cope	2

SUB-TOTAL ________

ASSESSMENT:

19. Adequate Family Support/Treatment Services	available immediately	0
	waiting list	1
	unavailable	2
20. Alleged Abuser has Access to Child	no	0
	uncertain	1
	yes	2

SUB-TOTAL ________

TOTAL OF ALL SECTIONS ________

(Maximum Total Possible = 40)

April 1985

DIRECTIVE NO. 9 - REVISED

Child and Family Support

GUIDELINES FOR CO-ORDINATION OF SERVICES FOR YOUNG OFFENDERS

1. Introduction

With the implementation of the Young Offenders Act effective April 2nd, 1984, replacing the Juvenile Delinquents Act, it has become necessary to revise the guidelines for co-ordination of services between the youth correctional authorities and child and family support agencies. These revised guidelines are intended to achieve the following:

1.1 To clarify the role and responsibiities of child and family support agencies in respect to young persons who are subject to proceedings under the Young Offenders Act.

1.2 To facilitate appropriate referrals of young persons to child and family support agencies by the youth correctional authorities.

1.3 To enhance the involvement of child and family support agencies in advocating for young persons in their care who are subject to proceedings under the Young Offenders Act.

2. Principles - Preface to The Young Offenders Act

The Young Offenders Act is based on four key principles intended to strike a balance between the needs of young people and the interests of society. These principles are:

2.1 Young people should be held responsible for their behaviour but not always as accountable as adults.

2.2 Society has a right to protection from illegal behaviour and a responsibility to prevent criminal conduct by a young person.

2.3 Young people have special needs because they are dependents at varying levels of development and maturity. They need guidance and assistance as well as supervision, discipline and control.

2.4 Young people have the same rights as adults to due process of law and fair and equal treatment under the law.

3. Definitions

For purposes of this directive and consistent with definitions and provisions under the Young Offenders Act, the following definitions apply:

3.1 "Agency" means a child and family support agency mandated to provide services under the Child Welfare Act.

3.2 "Child" means a person who is or, in the absence of evidence to the contrary, appears to be under the age of 12 years and who therefore cannot be charged with an offence under the Young Offenders Act.

3.3 "Young person" means a person who is or, in the absence of evidence to the contrary, appears to be

(a) twelve years of age or more, but

(b) under 18 years of age

and includes any person subject to proceedings under the Young Offenders Act.

3.4 "Parent" includes any person who is under a legal duty to provide for the young person, or any person who has, in law or in fact, the custody or control of the young person, including an agency.

3.5 "Youth court" means a court established or designated by the province of Manitoba for the purposes of the Young Offenders Act.

3.6 "Provincial director" means a person, a group or class of persons or a body appointed or designated by the province to perform any of the duties or functions of a provincial director under the Young Offenders Act.

3.7 "Youth correctional authorities" include probation officers and staff of detention and custodial facilities for young persons.

3.8 "Alternative measures" mean measures other than judicial proceedings used to deal with a young person who is alleged to have committed an offence.

3.9 "Detention" means a place of temporary detention designated by the province for the purpose of detaining a young person who has been arrested and detained prior to the making of a disposition.

3.10 "Interim release" refers to a situation where a young person has been charged with an offence and detained in custody, and the youth court has granted interim release (commonly known as "bail") pending a disposition.

3.11 "Probation order" means an order of the youth court placing a young person on probation for a specified period not exceeding two years and may include the condition that the young person reside in such place as the provincial director or his delegate may specify.

3.12 "Open custody" means custody in any place or facility designated by the province as a place of open custody for the purposes of the Young Offenders Act and designed to provide continuous supervision.

3.13 "Secure custody" means custody in a place or facility designated by the province for the secure containment or restraint of young persons. Currently in Manitoba the Agassiz Youth Centre and Doncaster Youth Centre are designated as places of secure custody.

4. Implications for Child and Family Support

In general, child and family support agencies are expected to co-operate with the police, youth correctional authorities and counsel acting for young persons. Such co-operation should ensure that young persons and their families receive services in accordance with the intent and provisions of The Child Welfare Act.

Particular attention, however, should be given to the implications of The Young Offenders Act. Some significant implications should be noted as follows:

4.1 A young person cannot be placed into care of an agency through a disposition under The Young Offenders Act as was the case under The Juvenile Delinquents Act. The intent and provisions of The Child Welfare Act apply with respect to referrals of young persons.

4.2 A child under 12 years of age who is involved in criminal activity or breaches of the law can not be dealt with under The Young Offenders Act. Where appropriate, such children will be referred by the police for intervention by an agency.

4.3 Where a young person subject to proceedings under The Young Offenders Act is in the care of an agency, the agency has a right to notice with respect to the young person

(a) who is arrested and detained in custody,

(b) in respect of whom a summons or an appearance notice is issued, or

(c) who is released on giving promises to appear or on entering into a recognizance.

Notice is also required to be given with respect to reviews of dispositions by the youth court or by a review board.

4.4 A young person may be released from detention by a youth court judge and placed in the care of a responsible person if the young person is willing to be placed and the responsible person undertakes in writing to take care of and be responsible for the attendance of that young person in court when required. Young persons who are wards of an agency may be released into the care of that agency under these conditions.

4.5 A young person has the right to retain and instruct counsel without delay at any stage of the proceedings against him or her. For young persons in care under the Child Welfare Act, an agency may be asked or may decide to arrange counsel.

4.6 Where a parent does not attend proceedings before a youth court in respect of a young person, the court may, if in its opinion the presence of the parent is necessary or in the best interest of the young person, by order in writing, require the parent to attend at any stage of the proceedings.

4.7 A parent of a young person has a right to be present with respect to proceedings under the Young Offenders Act. These provisions allow agencies to be present in court concerning young persons in their care.

4.8 The record of a case concerning a young person who is in the care of an agency shall, during the course of the proceedings or during the term of any disposition, be made available on request to an agency by the youth correctional authorities and the agency may be given any information contained in the record or a copy of any part of the record subject to the destruction of such records under the provisions of the Young Offenders Act.

4.9 If an agency desires information from the court records concerning a young person who is not in care, the agency may apply to the youth court to exercise its discretion to release information to any person whom the judge deems to have valid interest.

5. Co-ordination of Services

The focus and concern of child and family support must be on the best interest of the child. Agencies are expected to respond promptly to reports or referrals of children or young persons brought to their attention by the police, the youth court, youth correctional authorities or counsel.

5.1 Reporting of Child Abuse

Anyone who in the course of his or her professional or official duties, has reason to suspect that a child or young person has been abused by a parent or a person in whose charge he or she is, shall forthwith report the suspected abuse to an agency. Any report of suspected child abuse must be promptly investigated and appropriate action taken to ensure the safety of the child or young person.

5.2 Referrals for Services

A young person subject to proceedings under the Young Offenders Act may be referred to an agency where in the opinion of the police, youth court, youth correctional authorities or counsel acting on his or her behalf, the young person

(a) is believed to be in need of protection as defined in the Child Welfare Act, or

(b) is otherwise believed to be in need of services of the child and family services system and where the young person and his or her family are prepared to accept such services voluntarily.

5.3 Responsibility of an Agency

On receiving a referral of a young person who is believed to be in need of protection or of services under The Child Welfare Act, an agency shall forthwith review the case and take such action as may be required for the protection or placement of that young person in accordance with the provisions of The Child Welfare Act.

5.4 Referrals from the Youth Court

Where a custodial disposition is not warranted or where the needs of a young person and the community would be better served, a youth court judge may request a referral be made by a probation officer to an agency for assessment and alternative courses of action that may be taken under The Child Welfare Act.

5.5 Probation Orders

Where the youth court sentences a young person to supervised probation with the condition that he or she reside where directed by the provincial director, a probation officer shall always refer that young person to an agency if he or she appears to require the services of the child and family support system. Decisions to bring the young person into care must be based on The Child Welfare Act.

5.6 Open or Secure Custody

If a young person has been committed to open or secure custody and the youth correctional authorities believe he or she may require the services of an agency after discharge, consultation with and, where appropriate, referral to an agency should occur not less than 3 months prior to the anticipated release from custody.

5.7 Referrals in Writing

On referring a young person to an agency the youth correctional authorities shall, whenever appropriate, forward a written report or request within one week of the original contact indicating

(a) the name, date of birth and present whereabouts of the young person,

(b) the name and address of parents or guardians of the young person,

(c) the reason for the report or referral,

(d) prior involvement of other agencies if known,

(e) pertinent attitudes and concerns of the young person and his or her parents, and

(f) comments on the need for joint planning and co-operation including a case conference if indicated.

5.8 Response in Writing

An agency, on receiving a report or referral concerning a young person and on completion of an investigation or review of the case, shall provide written information to the police, youth court, youth correctional authorities or counsel as to the results of the review and any course of action taken or to be taken. Written responses should be forwarded within time constraints such as court hearing dates and, in any event, no later than 3 weeks following the receipt of a report or referral.

6. Lawyers

Any youth may apply for Legal Aid Services. Eligibility is ordinarily based on two factors:

(a) "The type of offence": Legal Aid will appoint counsel on any indictable offence. Summary conviction offences are covered only if the youth is liable to be committed to open or secure custody;

(b) "Finances": Legal Aid has eligibility guidelines that change annually. The resources of the youth's family may be considered.

Youth in the care of the agency apply to Legal Aid in the usual way. The only difference from other youth is that the agency is billed for the legal services provided by Legal Aid.

Overriding all of the above is the right of judges in the Youth Court to appoint counsel (Sec. 11 of The Young Offenders Act). Even if Legal Aid has refused service under its usual guidelines, it will appoint in this circumstance.

It is also possible for the agency, with the consent of the young person, to hire a lawyer for that person on a private basis.

7. Disagreements

A child and family support worker who disagrees with an action taken by the youth correctional authorities, should consult with his or her supervisor. If indicated the matter should then be reviewed with supervisory staff in the youth correctional system with a view to clarifying or resolving the disagreement. If the issue cannot be resolved to the joint satisfaction of all parties, or if there is a need to clarify policy, the matter should be referred to the Director of Child and Family Support (Child Welfare).

CENTRAL/NORTHWEST JOINT MANAGEMENT MEETING

Wednesday, February 25, 1987

Present: Dave Schellenberg
Tim Maloney
Wayne Helgason
Sue Johannesson
Edith Taback
George Kuryk
Patrick Harrison
Herman Adrian
Mike McKenzie
Pat Cohen
Roger St. Hilaire
Stewart Boyce

Purpose of Meeting: To smooth out case transfers.

Definitions:

Short Duration: Sixty days or less. Transfers are not to be made unless the family has lived for more than sixty days in the other agency's jurisdiction; unless, both agencies agree to the transfer.

Crisis: Cases will not be transferred unless mutually agreed upon:
1. When the case is before Queens Bench for a reconsideration hearing,
2. When the child is under apprehension.
3. When an order is expiring within sixty days and another order is warranted.
4. When a case is or is about to be reviewed by the Ombudsman, the Directorate, or the Board Review Committee.
5. When a case plan is being seriously disputed by other professionals in the community.
6. When the case involves a permanent ward.

The receiving agency shall have the responsibility through its Executive Director to inform the Executive Director of the other agency in the event that a case is deemed to have been neglected or handled in an unprofessional manner by the other agency.

AGREED:

Dave Schellenberg

Tim Maloney

cas/25/2/87

List of Collaterals Interviewed:

- Amishinabe Child and Family Services
- Awasis Child and Family Services
- Child and Family Services of Central Winnipeg
- Child and Family Services of Eastern Manitoba
- Child and Family Services of Winnipeg West
- Child and Family Support Branch, Manitoba Community Services
- Child Guidance Clinic
- Child Protection Centre; Children's Hospital
- Childrens Home of Winnipeg Incorporated
- Community and Youth Corrections
- Department of the Attorney General
  - Office of the Medical Examiner
- Hope Centre
- Jewish Child and Family Services
- Knowles Centre Incorporated
- Ma Mawi Chi Itata Centre Incorporated
- MacDonald Youth Services
- Services to Others Regions, Manitoba Community Services
- Northeast Winnipeg Family and Child Extended Social Services
- Rossbrook House
- St. Boniface Hospital Abuse Committee
- South East Tribal Council
- Winnipeg City Police
- Winnipeg South Child and Family Services
- Director, Psychiatric Services for Children, Manitoba
- Child Abuse Co-Ordinator, Province of Manitoba
- Seven Oaks Treatment Centre
- Private Therapists
- Legal Counsel for NWCFS
- Maymound School
- Mount Carmel Clinic
- Probation Services, Manitoba Community Services
- Winnipeg Receiving Resources
- Public Health Services

MASLACH BURNOUT INVENTORY CUT-OFF POINTS FOR THE SOCIAL SERVICES

MBI SUBSCALES	RANGE OF EXPERIENCED BURNOUT		
	Low (lower third)	Average (middle third)	High (upper third)
Emotional Exhaustion	16 or less	17-27	28 or greater
Depersonalization	5 or less	6-10	11 or greater
Personal Accomplishment	37 or greater	36-30	29 or less

LIST OF TABLES

PAGE

1. STRATIFIED SAMPLE....................................22
2. RESPONSE TO RISK.....................................51
3. CIRCUMSTANCES FOR APPREHENSION.........................54
4. USE OF VPA'S BY NWCFS..................................68
5. COURT DOCKET DISPOSITIONS........... 73
6. CHILD APPREHENSIONS INVOLVING VPA'S...................75
7. NIGHT DUTY RESPONSE BREAKDOWN.........................90
8. SERVICE TO NWCFS CATCHMENT............................91
9. POLICE INVESTIGATIONS.................................96
10. LOW, AVERAGE AND HIGH BURNOUT........................104
11. RESPONSE MEANS.......................................105
12. LOOKING FOR ALTERNATE EMPLOYMENT.....................106
13. SUPPORT..107
14. CASELOAD/OVERTIME....................................108
15. TRAINING...110
16. EXPERIENCE...110

The following are known to the Review Team as organizations, groups or institutions that have one or more therapists working with victims (children or adult survivors) and offenders (adolescents or adults).

Adolescent Program, St. Boniface General Hospital
Child and Adolescent Program, Health Sciences Centre
Child Abuse Witness Program
Child and Family Services (the six Agencies)
Child Guidance Clinic
Children's Home of Winnipeg
Children's Hospital Child Protection Centre
Department of Community Services, Corrections Division
Department of Psychiatry, Health Sciences Centre
Department of Psychiatry, St. Boniface General Hospital
Family Services of Winnipeg Inc.
Interfaith Pastoral Institute
Jewish Child and Family Services
Klinic, Inc.
Knowles Centre Inc.
Ma Mawi Wi Chi Itata
MacDonald Youth Services
Manitoba Adolescent Treatment Centre
Marymound
Private Therapists
Psychological Services Centre, University of Manitoba
Service de Conseiller
CHILDREN'S FORENSIC SERVICES (MANITOBA YOUTH CENTRE)

TREATMENT PROGRAMS

WINNIPEG POLICE CHILD ABUSE UNIT - Public Safety Building,
151 Princess St.

Program: Child Abuse Witness Program
- prepares victims of child abuse for criminal court proceedings.
- group treatment also available under this program.
- no age limit.
- referrals made by social workers.
- offered twice a year, 16-20 weeks.
- no fee.

Contact: Diane Dolski: 986-6378

CHILD PROTECTION CENTRE - 685 William Ave. (2nd floor)
Director: Dr. Charles Ferguson

Programs:

1) Family Support Program
   - short term (3-4 months) crisis intervention program for children and families whose children have been victims of third party sexual assault.
   - goal of program is to restore family to pre-intervention state.

   Director: Dr. Laura Mills
   Social Workers: Allison Lund and Doreen Pearson

2) Parent Support Program
   - piloted at Child Protection Centre, transferred to the Children's Home of Winnipeg. See information further on.

3) Offender's Group
   - offenders must admit responsibility to act of abuse.
   - often it is part of their probation condition.

4) Women's Group
   - group for women whose spouses are attending the offenders group.

   Therapist: Brenda Gravenor
   Co-facilitator: Pam Silver

5) Sexual Assault Clinics
   - special clinics for sexual assault victims.
   - multi-disciplinary team involved in clinics - doctors, nurses, play therapists, social workers, psychologists, etc.
   - clinics held three times a week - Tues/Wed/Thurs 4 children per clinic.
   - no fee.

6) Dr. Eric Ellis - consultant
- focuses on assessment of offenders and victims.
- conducts workshops for professionals working in areas where child abuse is an issue.

Contact: For any information on the above programs call Betty Currie - Coordinator of Education, Research, and Program Planning - 787-2811.

KLINIC - 545 Broadway

Program: Closed group session for women with a history of sexual abuse.
- individual counselling also offered.
- runs for approximately 15 weeks.
- no fee.

Contact: Tim Wall - 786-6943

MARYMOUND - 442 Scotia Street

Program: Male adolescent victims/offenders and their families.
- therapy focuses on going from individual to group to family counselling.
- referrals from Child and Family Services.
- 18 month program (on-going), sessions usually held once a week
- fee: $30.00/hour
- sessions held at the Family Resource Centre - 349 College Ave.

Contact: Ron Knesvitch or David Sullivan - 338-7971

CHILDREN'S HOME OF WINNIPEG - 400-777 Portage Ave.

Programs: 1) Residential Treatment Unit (level 4)
- unit for children with behavioural problems who may also disclose that they have been sexually abused at some point in their life.

2) Family Therapy Groups
- involves parents, siblings, extended families, etc.

3) Parent-Support Groups
- lay therapists work with parents to help them deal with parenting issues, financial problems, etc.
- presently there are 5-6 aides.
Supervisor: Pam Silver - 787-2811

Contact: Chris Kassels - 786-7051

MANITOBA ADOLESCENT TREATMENT CENTRE - 120 Tecumseh

Program: Group for female adolescent who have been sexually abused

- for females - 15 and up.
- referrals come from all over the city.
- runs Sept. to May, once a week - 1½ hrs. (evenings).
- no fee.
- possible program for the fall: group for adolescent boys (victims/offenders).

Contact: Enid Britton - 477-6391

WINNIPEG TREATMENT ASSOCIATES INC.

Program: Individual and group counselling for adult offenders and non-offending spouses

- clients usually referred to program by lawyers, the crown, etc.
- evening sessions - once or twice a week.
- fee: $30.00/hour.

Contact: Diane Dolski	694-1545
Allison Lund	
David Sullivan	
Ron Knesvitch	

WOMEN'S POST TREATMENT PROJECT INC. - 860 Preston Ave. (4th floor)

Program: Women who have a history of sexual abuse and chemical dependency

- individual and group sessions, depending on client's needs.
- referrals from social service agencies and some self-referrals.
- weekly sessions, presently a waiting list until June.
- no fee.

Contact: Cindy Betcher or Barbara Ball - 783-5460

PROBATION SERVICES - 355 Donald

Program: Group and individual counselling for adolescent and adult offenders

- a condition of their probation.
- offenders must accept responsibility for their actio
- individuals screened before being allowed into group
- issues covered: human sexuality, relationship with peers, families, etc.
- juvenile group - 24-28 weeks. Meets once a week fo approximately 2 hours. Ages: 14-17.
- adult group starting up in June.

Contact: Reid Hartry - 945-3208
Mildred Cheslock - North office, 408 McGregor - 945-7183

MA MA WICI ITITA - 531 Notre Dame Ave.

Program: Individual counselling and sibling group therapy
- program for abused children focuses on play therapy.
- victim enters therapy through regular intake after been assigned to a family support worker.
- available to native children only. Ages: 6-12.
- meets once a week - Wed. afternoons.
- no fee.

Contact: Bev Bear - 774-6531

ST. BONIFACE HOSPITAL - 409 Tache

Program: Play therapy for child abuse victims
- a 6-8 month waiting list.

Contact: Shelley Sorin - 237-2449

INDIVIDUAL COUNSELLING PROGRAMS

PSYCHOLOGICAL SERVICES - University of Manitoba

- individual and group counselling.
- no fee.

Contact: Dr. Derek Jahoo - 474-9222

FAMILY SERVICES INC. - 287 Broadway Ave., 4th floor

- individual counselling and group therapy.
- also deal with adult victims who were sexually abused when young children.

Contact: Family Services - 947-1401

MACDONALD YOUTH SERVICES - 175 Mayfair Ave.

- individual counselling offered to troubled youth.

Contact: Michael Owen - 477-1722

CHILD GUIDANCE CLINIC - 700 Elgin Ave. 2nd floor

- school support agency.
- referral from school is handled by a counsellor at clinic.
- problem could be behavioural, emotional, etc. (they are not just dealing with abuse issues).

Contact: Keith Black - 786-7841

VICTIM SUPPORT GROUP PROGRAMS

CHILD PROTECTION CENTRE - 685 William Avenue (2nd floor)

Programs: Central listing of support groups run throughout the city.
- Groups run May - September, 10-12 weeks, 2 hrs/week.

Contact: Dr. Laura Mills - 787-2426

CHILD AND FAMILY SERVICES - various regional agencies located throughout the city.

Programs: Abuse

Contact: Child Abuse Co-ordinators

- Catherine Hudeck - Northwest - 945-5050
- Maureen Kitchur - Central - 945-5221
- Elaine Gelmon - West - 945-5227
- Terry Lejko - South - 945-5271
- Dave MacDonald - Eastern - 233-8931
- Ellen McConaghy - Northeast - 945-5176

OFFICE OF THE CHIEF MEDICAL EXAMINER

Contacts: Lanyse Guay, RN
Rosemarie Mattocks, RN

As special constables, investigations are conducted under the direction of the Chief Medical Examiner or a provincial medical examiner. The role is unique as frequently, they are the first and only health care providers to provide therapeutic crisis intervention to the bereaved who have experienced sudden or unexpected death. The investigators try to fulfill the needs of the families, as they want medical information and often require grief counselling, such as instances of child abuse.